



Community Health Needs Assessment

2022

Report



NEMOURS
CHILDREN'S HEALTH

Well Beyond Medicine

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About Nemours Children’s Health

We are one of the nation’s largest multistate pediatric health systems, which includes two free-standing children’s hospitals and a network of nearly 75 primary and specialty care practices. We seek to transform the health of children by adopting a holistic health model that utilizes innovative, safe and high-quality care, while also caring for the health of the whole child beyond medicine. Nemours Children’s also powers the world’s most-visited website for information on the health of children and teens, Nemours KidsHealth.org.

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In the Delaware Valley, we provide comprehensive pediatric care at our nationally ranked hospital, Nemours Children’s Health, Delaware. We also offer families access to primary and specialty care in Delaware, Pennsylvania and New Jersey. In 2021, we provided nearly 500,000 outpatient visits at these locations. As Delaware’s only Level 1 Pediatric Trauma Center, we have reduced child deaths from injuries and contributed to statewide injury prevention initiatives.

Our mission is to provide leadership, institutions and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient’s financial status. We are committed to providing patient- and family-centered health care; educating the next generation of health care providers through a variety of education affiliations; offering extensive online and in-person continuing medical education; providing health and wellness information for kids, teens, parents and educators via Nemours KidsHealth.org; and offering families 24/7 access to virtual consults with our health care providers via mobile and computer devices.

We have been recognized as a model of, and an advocate for, transforming the pediatric health care system from a focus on sickness to a focus on wellness, often in collaboration with community and health care partners. Our leaders and associates serve on numerous boards of organizations addressing health and children’s issues, and a wide range of community organizations also receive sponsorship support as part of our commitment to support those who support children. We are also focused on bringing our standard of care — and better health — to local communities. We do this not only by providing both primary and specialty care at various locations throughout the region, but also by continuously seeking answers to the most vexing problems in children’s health.

Our researchers look for and find novel treatments for complex childhood conditions, and our population health and prevention specialists work to reverse long-standing patterns of unhealthy behavior across our communities. In 2022, Population Health Specialists from our Value-Based Services Organization (VBSO) analyzed secondary data sources to assess the health needs of the community, while considering input from the community and public health.



Community Health Needs Assessment (CHNA)

Once every three years, we conduct a CHNA in compliance with requirements in the Affordable Care Act. The CHNA allows us to obtain a comprehensive data set on the health status, behaviors and needs of children in our community, which for this assessment includes the three counties in the state of Delaware (New Castle, Kent and Sussex). This data set allows us to develop a focused plan to address community health needs. We began this process in 2012–2013 and continued with new CHNAs in 2016 and 2019. This report details the most recent CHNA conducted in 2022, which identifies the needs we will be addressing from 2023–2025.

PURPOSE OF ASSESSMENT

In addition to fulfilling the requirement by the IRS Section H/Form 990 mandate, our CHNA process was conducted to achieve the following overarching goals:

- Update the 2019 assessment and provide a comprehensive portrait of current child and family health needs and strengths within our targeted community served as described below.
- Convene a multidisciplinary expert panel to inform top needs amongst patient populations across the state.
- Support more meaningful data collection to inform strategy within our various departments.
- Support a more informed, community-engaged approach: Use expert input coupled with existing data to drive topic areas of focus for primary data collection from community members and stakeholders that identify sustainable, effective solutions.
- Integrate existing data collection efforts (CHNA, Social Determinants of Health (SDOH), Nemours Children's Practice Profiles) and community benefit efforts to break down silos and align across our entire health system to achieve the greatest impact.

SUMMARY OF PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT

In 2019, our associates analyzed secondary data sources to assess the health needs of the community while taking into account input from the community and public health professionals. The 2019 CHNA is linked here: <https://www.nemours.org/content/dam/nemours/wwwv2/filebox/about/DV-2019-CHNA-assessment-report.pdf>.

To assist in prioritizing the data, our associates engaged key Nemours Children's stakeholders, key external organization stakeholders, community members and patient families reflective of medically underserved, low-income and minority populations in the community, or individuals or organizations serving or representing the interests of such populations.

We then asked members of our community to prioritize the identified health needs. Participants were asked to select the three greatest needs of their community related to healthcare access, behavior, outcomes and SDOH. Participants were also able to add any additional needs that were not on the list to be included in their prioritization.

Feedback from all participating organizations/coalitions was aggregated to compile the prioritization list for Delaware. We chose to have community members rank health behaviors, access and outcomes separately from SDOH, as SDOH are the root causes of unhealthy behaviors, poor healthcare access and poor health outcomes. The goal in having the two different categories of need was to focus on a more comprehensive model — treating symptoms and diseases as well as upstream strategies.

Senior leaders at Nemours Children’s Hospital, Delaware examined this information in conjunction with primary and secondary data to identify the top two focus areas to be incorporated into the 2020–2022 implementation plan. Leadership considered the magnitude and severity of issues, the impact of these issues on the most vulnerable populations, resources available, areas of opportunity for partnership and collaboration, and the feasibility of addressing those issues from 2020–2022.

The final top two areas chosen were:

1. Mental health
2. Social determinants of health

Given the high ranking of mental health (including access) among community members and supporting data, this area was chosen again as a top priority — having previously been an area of focus in the 2016 assessment as well. While many of the SDOH focus areas were discussed, leadership decided to focus on operationalizing an SDOH screener to dig deeper and better understand these root concerns.

We convened two work groups to develop this CHNA Implementation Plan to address these top priority areas. The remaining identified issue areas (those not chosen to be addressed through the CHNA process) continued to remain important areas of improvement through our patient care, research and population health management efforts.

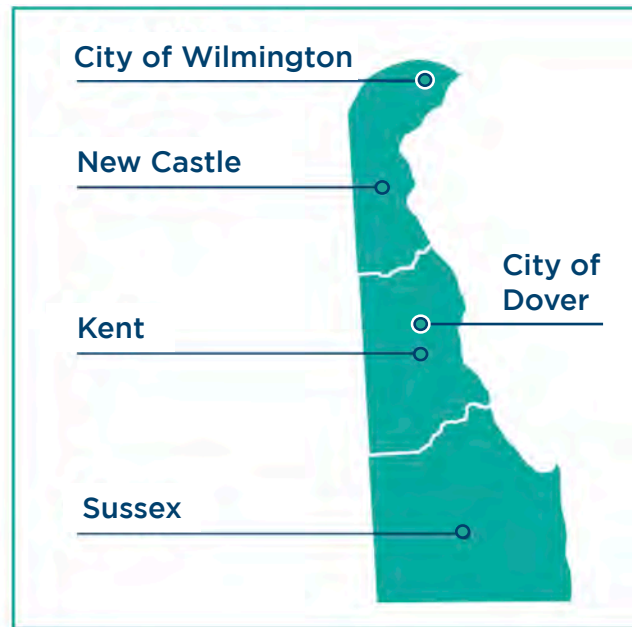
To create and sustain a future of systematic value, we are digging even deeper into work to improve health outcomes, advance quality of care, increase accessibility of care, address SDOH, enhance quality of life, and reduce health care costs. Conceptualized in 2017 and finalized in 2018, infrastructure has been solidified to support this move toward value-based care. The Value-Based Services Organization (VBSO) combines both new and existing competencies for the medical home, analytics, medical management, population health and clinically integrated networks. The VBSO is built on successful practices. This includes mastery of the medical home throughout our primary care network; the extensive data capabilities of our fully integrated electronic health record system; and more than a decade of promising practices in population health. These efforts are combined in a collaborative spirit with pediatric and adult providers, community health workers, school districts and other partners. The state of Delaware is a unique environment with increasing readiness to move more progressively toward value-based care. With 200,000 children, half of whom are covered by Medicare, Delaware is similar to other U.S. states.



Definition of the Community Served

The community for this needs assessment is defined as the residents of the three-county state of Delaware.

Delaware includes all communities within New Castle, Kent and Sussex counties. In addition, the city of Wilmington, a region within New Castle County, and the city of Dover, a region within Kent County, have been highlighted where applicable due to their unique demographic profiles and the impact those variables can have on the health outcomes of its residents.





Methods

APPROACH

To develop a social, economic and well-being portrait of our priority communities, Population Health Specialists conducted a comprehensive assessment using both qualitative and quantitative data from primary and secondary sources. Acknowledging that this is our fourth CHNA iteration, we took the opportunity to build on lessons learned when approaching the process in 2022.

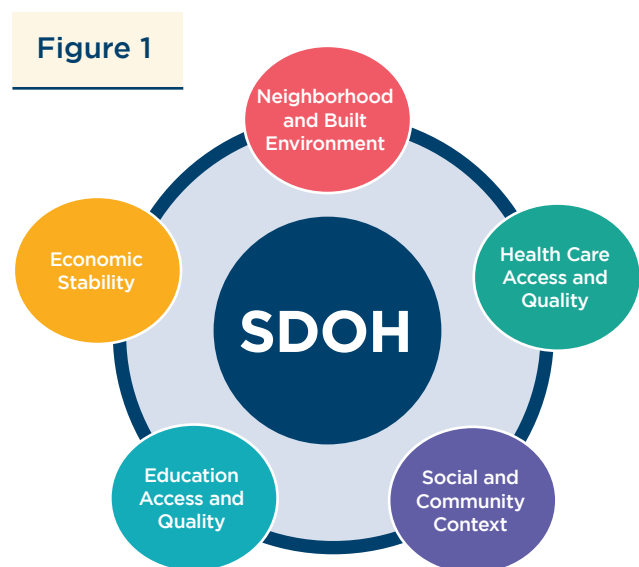
We convened an expert panel representing multiple disciplines/departments: Community Engagement, Government Relations, VBSO Analytics, Strategy and Business Development, and the Office of Health Equity and Inclusion. Participants from these areas are not only engaged in the work from previous CHNA cycles, they also are uniquely connected to other community initiatives and, as such, are acutely aware of the breadth of needs of the patients and their communities, as well as where key gaps exist.

The VBSO held several workgroup meetings with the expert panel to identify needs that not only have persisted throughout multiple assessment periods, but also those which have been missed/not yet addressed. In addition, VBSO team members, along with collaborators from the Office of Health Equity and Inclusion and operations areas across our health care system, have been focused on developing and operationalizing a standardized Social Determinants of Health (SDOH) screening tool as part of the 2020-2022 CHNA Implementation Plan.

Healthy People 2030 defines social determinants of health (SDOH) as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (<https://health.gov/healthypeople/priority-areas/social-determinants-health>).”

Understanding the relationship between how populations experience conditions (e.g., social, economic and physical) in differing environments and settings (e.g., school, church, workplace and neighborhood) and the impact those conditions have on health is fundamental to the SDOH framework – including both social and physical determinants. Healthy People 2030 developed five key areas of SDOH as a guiding framework (Figure 1). Each of these five areas represents several factors that impact a range of health risks and outcomes including, but not limited to:

- Socioeconomic conditions
- Food insecurity
- Transportation
- Air quality and exposure to toxins
- Housing and community design
- Quality of education and job training
- Access to educational, economic and occupational opportunities
- Availability of community-based resources
- Social support and relationships
- Access to mass media and emerging technologies
- Language/literacy
- Exposure to crime, violence and social disorder
- Public safety and stability
- Access to services



Traditionally, communities with poor SDOH experience significant health disparities. According to the Centers for Disease Control and Prevention (CDC), by applying what we know about SDOH across governmental agencies, community organizations and health systems, we can improve health and advance health equity <https://www.cdc.gov/socialdeterminants/about.html>

This tool is being used to gather information on nonmedical patient needs across our health care system and ultimately inform potential interventions that address them. The goal of the tool is to assess areas known to be critical to patient success and healthy living, but are often overlooked in the health care visit. Ultimately, information gathered from over 30,000 of these SDOH screenings across the region was used in conjunction with the information gathered during expert panel sessions to develop the final list of focus areas moving forward.

Equipped with an informed list of priorities, we approached the assessment differently than in years past –surveying the community using solution-driven questions around core causes and effective implementation steps in specific areas of need that we know exist from our ongoing work in the community. Instead of only asking participants to tell us what is wrong, we saw the 2022 assessment as an opportunity to build upon our knowledge from previous iterations and probe deeper into the root of the issues that continue to persist in order to ensure the community voice is not only present in the prioritization process, but that it is also baked into the fabric of the implementation plan itself.

PRIMARY DATA COLLECTION

Primary data collection involved two online surveys — a community survey (**n=832 English, n=72 Spanish**) (Appendix C), and a stakeholder survey (**n=21**) (Appendix D). Restrictions due to COVID-19 limited our ability to physically go out into the community as we had done in years past. However, we deployed a robust multilevel marketing strategy to expand our reach that involved email, social media, postcards with QR codes, and text messaging to patient families, community leaders, physicians, community practices outside of the Nemours Children’s network, and community insights patient/parent listservs. With a sample size in 2022 that is more than double what was collected in 2019, we plan to leverage these innovative methods deployed this round, alongside in-person modalities of previous iterations, to build a more comprehensive and robust assessment plan for the next cycle once we have a better handle on COVID-19 restrictions, or lack thereof. Recognizing the value of meeting the community where they are, as well as the reach of a multilevel marketing approach that mirrors lessons learned across each assessment year.

The community survey was promoted via email, text messaging, Facebook, LinkedIn, on our website, and in DCHN community practices in April and May of 2022, each being pushed out a total of three times during that period to more than 250,000 patients, families and community members in the Delaware region. The stakeholder survey was sent out via email in April of 2022 to more than 200 community leaders most knowledgeable about the issues their constituents are facing, and therefore could provide a unique perspective about the populations they serve. The survey was fielded to the community and to stakeholders, respectively via a Redcap link and/or QR code in both English and Spanish.

Survey respondents were asked questions about the following topics:

1. Screening questions

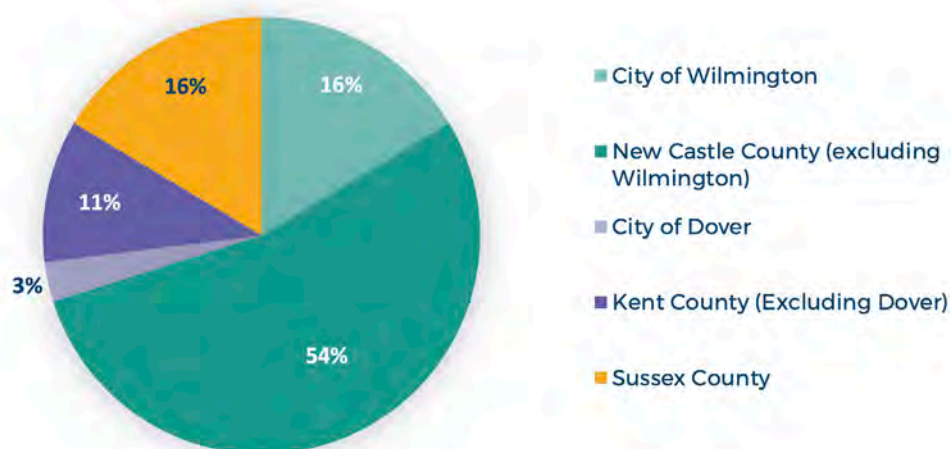
- a. County/city/zip of residence
- b. Race of parents/children
- c. Age of children
- d. Primary language spoken

2. **General questions about the health and well-being of family, neighbors and community**
 - a. Two most important characteristics of a healthy community
 - b. Two most important challenges families will face in the next five to 10 years
 - c. Top three needs of children, teens and adolescents
 - d. Input on interventions/solutions to address needs

3. **Specific questions related to various issues identified by the expert panel**
 - a. Barriers to care related to costs (dental, sick/wellness, prescription)
 - b. Health coverage and plans
 - c. #1 barrier to receiving necessary care
 - d. Lead screenings and barriers
 - e. Food insecurity related to the household budget, limited access in the community, and quality of groceries
 - f. Social capital and neighborhood, including neighborhood trust, rapport and relationships, violence, and safe spaces
 - g. Input on how to address issues of neighborhood safety
 - h. Housing conditions such as repairs and inadequate living conditions
 - i. Input on how to address housing needs
 - j. Reliable internet, including internet access and use, devices used, trust in apps and services, and access points and barriers
 - k. Input on best practices to make reliable internet available for all
 - l. Use of health and human services, assistance and resources such as SSI, SSDI, WIC, etc.
 - m. Effective ways to distribute information about health and social services

4. **Stakeholders and community leaders were asked additional questions around undocumented families and services and assistance available to them.** This information was omitted from the community survey because of the sensitive nature of the question content.

Figure 2: Where do you live?



The majority of participants who took the community member survey are located in New Castle County excluding the city of Wilmington (478, 54%), followed by Sussex County and the city of Wilmington (146, 16.15%). The lowest number of participants are from the city of Dover (26, 3%).

Stakeholders indicated a similar distribution, with the majority in New Castle County excluding Wilmington (10), followed by Sussex County (5), Kent County (3), and cities of Dover (1) and Wilmington (1). In the CHNA, stakeholders represent a much smaller, focused group of community leaders/liaisons that amplify the voices of their community to help connect the dots across the different areas of focus.

SECONDARY DATA COLLECTION

In addition to primary data collection efforts, existing data drawn from the most up-to-date national, state and local sources were reviewed. Sources of data included the American Community Survey, National Survey of Children's Health, and Youth Risk Behavior Surveillance System data, among others. Types of data included self-report of health behaviors from large, population-based surveys such as the Youth Risk Behavior Surveillance System, as well as vital statistics. It should be noted that in these existing reports and data sets, data on race and ethnicity were gathered through self-report.

Secondary data were collected from a variety of sources to present community demographics, social and economic factors, health access, birth characteristics, chronic disease, and health behaviors. Analysis was conducted using data from:

- The annual American Community Survey, conducted by the U.S. Census Bureau, provides vital information about our nation and its people.
- The County Health Rankings Program provides data measuring vital health factors in nearly every county in America.
- Delaware Health Tracker, an initiative of Delaware hospitals, is coordinated by the Delaware Healthcare Association. Health Tracker provides data to help communities set goals and evaluate progress. Delaware Health Tracker data are updated whenever source data are updated.
- CDC 500 Cities Project is a collaboration between the CDC, the Robert Wood Johnson Foundation, and the CDC Foundation. The purpose of the 500 Cities Project is to provide city- and census tract-level small area estimates for chronic disease risk factors, health outcomes and clinical preventive services use for the largest 500 cities in the United States.
- The National Survey of Children's Health provides rich data on multiple, intersecting aspects of children's lives — including physical and mental health, access to quality health care and the child's family, neighborhood, school and social context.
- The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including behaviors that contribute to unintentional injuries and violence; sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; and inadequate physical activity. YRBSS also measures the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sex of sexual contacts.
- KIDS COUNT®, a project of the Annie E. Casey Foundation that produces a comprehensive report — the KIDS COUNT® Data Book — that assesses child well-being in the United States.
- Calls to 2-1-1: Delaware (2021). Delaware 2-1-1 provides one central resource for access to the health and human service organizations offering support to make a difference.

Some data sets are cross tabulated by geography using the designations of the city of Wilmington and nonurban New Castle County, as well as the city of Dover and the remainder of Kent County outside of the metropolitan area. This enables the examination of differences that may exist between the urban core of these cities and the nonurban areas of the surrounding county that may otherwise be masked by countywide data.

ENGAGEMENT PROCESS

In addition to engaging the SDOH team and expert panelists from **Community Engagement, Government Relations, VBSO Analytics, Strategy and Business Development, and the Office of Health Equity and Inclusion**, the Delaware CHNA team was also in regular contact with the CHNA team at our Florida hospital to align assessment timelines, promotional materials and messaging throughout the entire assessment process. This consistency was a priority for the hospital system to ensure CHNA efforts reflected a singular and strong purpose and message, while recognizing important regional differences the community assessment process requires.

The Delaware CHNA team also engaged in monthly Delaware Healthcare Associations (DEHA) meetings with other health systems across the state to bolster awareness of the approach, findings and implementation steps other groups in our region are taking and identifying partnership opportunities where appropriate.

Recently, we joined the Healthcare Anchor Network (HAN) as part of our journey to create the healthiest generations of children. Developing and implementing a healthcare anchor strategy to leverage our economic impact on local communities will help us address economic, social and racial inequities.

One of the goals since joining HAN is to ensure our focus on community is aligned across our health care system. This includes our CHNA, our Community Benefit work and report, and our community investment. This work is in the early stages with a strengths and opportunities assessment underway.

Additionally, the Community Engagement department within the Delaware Valley has been added into the VBSO's infrastructure. This move ensures alignment as we connect with our communities and respond to the various community health and social needs that have been identified.

EXPERT PANEL PRIORITY LIST

Top needs were compiled from convenings with expert panelists across our health care system and triangulated with SDOH screening tool results. The culmination of these efforts is reflected in the following comprehensive list that was used to develop the community and stakeholder survey(s):

Food Insecurity

- Food bought didn't last
- Unable to afford quality food
- Many families with immediate needs coming into our practice locations

Lead (screening)

- Practices are not consistently screening
- Undocumented families (insurance and WIC enrollment)
- Do undocumented families know they are eligible for assistance?
- Insurance coverage for undocumented families

Reliable internet*

Trouble paying for doctor, dentist or medicine*

Problems in the place where you live*

- Mold
- Bugs
- Ants or mice
- Lead paint or pipes
- Lack of heat or air conditioning
- Lack of functional smoke detectors
- Issues with major appliances like oven or stove
- Water leaks
- Other repair issues

Concerns about neighborhood safety*

- Violence
- Gun violence
- Cleanliness
- Crime

* Top three needs from the Nemours Children's SDOH Screening Tool results (December 2020-October 2021)

SUMMARY OF KEY FINDINGS

The following provides a brief overview of key findings that emerged from this assessment.

Community Socioeconomic Health

- **Demographic Characteristics:** The city of Wilmington, the largest city in Delaware, is the most ethnically and racially diverse. According to the American Community Survey 2016–2020, among our target community served, Wilmington had the highest percentage of residents who self-identified as Black non-Hispanic (54.4%), which was above that of Delaware overall (21.5%). Wilmington also had the highest percentage of residents who self-identified as Hispanic or Latino (13.3%), compared to Delaware overall (10.5%).
- **Income and Poverty:** The city of Dover residents had the highest percentage of children living in poverty (40.1%), compared to Delaware overall (17.2%). Wilmington had the lowest median household income (\$45,139), compared to Delaware overall (\$69,100), per the American Community Survey 2016–2020.
- **Youth Activities and Opportunities:** The top priority area under SDOH was youth activities and opportunities. According to the 2019 National Survey of Children’s Health, 75.2% of Delaware children ages 6–17 years participated in organized activities outside of school compared to the U.S (77.5%).
- **Affordable and Healthy Housing:** The rising cost of housing was noted not only by the prioritization of housing as a top concern, but also by the data. According to the American Community Survey 2016–2020, more than half of renters in Dover (58.4%) and Wilmington (53.1%) spent 30% or more of their household income on rent as compared to less than half in Delaware (49.2%). Homeownership, or lack thereof, was also a concern in Wilmington with a smaller percentage of housing units occupied by homeowners (43.8%) as compared to Delaware overall (71.4%).
- **Crime and Neighborhood Safety:** Concerns about community safety and violence were ranked number three under SDOH. According to FBI Uniform Crime Reporting Data 2019, the violent crime rate in Wilmington was 1,590.6 per 100,000 population as compared to 431.9 per 100,000 in Delaware overall.
- **Education:** Access to affordable quality education was ranked as the fourth priority area that emerged under SDOH. According to the 2018 edition of Quality Counts report, Delaware spends less on public education than nearby states, and also had lower outcomes. Only 29.5% of students in Delaware are at or above the National Association of Educational Procurement’s (NAEP) 8th grade math proficiency level, and just 31.1% are at or above the NAEP 8th grade reading proficiency level — compared to 46.2% and 40.6%, respectively, in neighboring New Jersey. In addition, while 60 percent of the Delaware adult population has earned at least some postsecondary education, only 41 percent of Delaware’s adult population has received a two-year, four-year, or graduate degree. National data from the Bureau of Labor Statistics show lower levels of educational attainment are correlated with lower earnings and higher unemployment rates — which is linked to adverse health outcomes across the lifespan.

COMMUNITY HEALTH ISSUES

The data highlighted, and assessment participants confirmed, the health issues and concerns that Delaware children are most affected by, including access to mental health care, mental health/trauma, access to medical health providers, and access to dentists.

- **Access to Mental Health Care:** Access to mental health care was noted as the top priority under health behaviors, access and outcomes. Data from the National Survey of Children's Health 2019 clearly shows not only is this a major issue in Delaware, but also throughout the U.S. This is evident in the percentage of children ages 3-17 in the state of Delaware (44.3%) who needed mental/behavioral health treatment but did not receive it, compared to the U.S. (45.6%) and the Healthy People 2030 goal (20.7%).
- **Mental Health/Trauma:** Mental health/trauma was also raised as a top priority area among many of those surveyed. Among Delaware children ages 3-17, 28.2% were noted to have one or more reported mental, emotional, developmental, or behavioral problem as compared to 22.1% of children in the U.S., per the 2019 National Survey of Children's Health. According to the Youth Risk Behavior Surveillance Survey, among youth grades 9-12, 16.1% in Delaware reported seriously considering attempting suicide compared to 17.2% in the U.S.
- **Access to Medical Health Providers:** Access to Medical Health Providers was another area that was prioritized under health behaviors, access and outcomes. According to the 2019 National Survey of Children's Health, 52.1% of Delaware children ages 0-17 did not receive coordinated, ongoing, comprehensive care within a medical home as compared to 52.5% of children in the U.S.
- **Access to Dentist:** Access to the dentist also emerged as a top concern among those surveyed. Among children ages 1-17 years, 22.6% did not see a dentist or oral health care provider for preventive dental care compared to the 22.5% of children in the U.S.

Themes And Conclusions

This assessment report develops a social, economic and health portrait of our priority communities. Through this assessment, several overarching themes and conclusions emerged:

- Our priority communities echo similar values when it comes to a healthy community, such as accessible healthcare, safe communities, healthy housing, and affordable food. However, we observe diversity in responses related to root causes of the issues threatening those pillars of a healthy community, as well as the most effective ways to address them in any one particular area.
- There is a great deal of variation among our priority communities in income and poverty, with residents in the City of Wilmington and City of Dover being some of the most adversely affected. Although some of the greatest need is seen in these two areas, pockets of need exist throughout the state of Delaware.
- In conjunction with income and poverty, food insecurity and housing-related issues were a prominent concern among those surveyed. Delaware does not meet the Healthy People 2030 goal of reducing household food insecurity to 0%.
- Issues of crime and safety are of particular concern across the state. The concerns were supported by quantitative data collected from the FBI Uniform Crime Report, showing a violent crime rate in pockets of the state that is over three times higher than state and national averages.
- Mental health, including access to mental health services, continues to be a top concern among community members. These concerns were also validated by quantitative data collected. Mental health and trauma are and will remain a top priority for program and policy work across Nemours due to visibility from the CHNA efforts in 2016 and 2019.
- Given these identified needs, our two areas of focus will be violence prevention and food insecurity. In addition, the VBSO will continue to support additional work under the Whole Child Health Model of Care, including making strides in behavioral health efforts such as integrating behavioral health care into the fabric of primary care across our health care system.

LIMITATIONS

General Limitations Of CHNA Research Methods

As with all research efforts, there are several limitations related to this CHNA's research methods that should be acknowledged:




It should be noted that for the secondary data analyses in several instances current neighborhood level data were not available. Data access and analysis remains a challenge in Delaware. Community-level data necessary to inform interventions is almost nonexistent, and if it is accessible, it is more than 5 years old. While the surveys conducted for this CHNA provide valuable insights, results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size.

In addition, data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias — that is, they may attempt to answer accurately but remember incorrectly.

Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.



Data Findings

KEY		Yellow border	(1) a number higher than DE/US/County comparisons; or (2) a large difference by population or geography; or (3) a large population is affected.
		Red border	statistically significant
		Purple line	Healthy People 2030 goal

Obtaining information from multiple sources, known as triangulation, helps provide context for information and allows researchers to identify results that are consistent across more than one data source. The following section includes both primary and secondary and quantitative and qualitative data to provide a comprehensive snapshot of the population in Delaware.

THE HEALTH OF THE COMMUNITY

Health Status

Life expectancy in the U.S. decreased 1.8 years from 2019 to 2020.¹ The life expectancy in Delaware is slightly lower than the national average.

	Delaware	U.S.
Life Expectancy (at birth)	76.7 years (2020)	77.0 years (2020)

Source: National Center for Health Statistics, National Vital Statistics System, 2018, 2019 and 2020 data.

Self-reported/Parent-reported health is a valid measure of a variety of physical and emotional dimensions of adolescent well-being.² In Delaware, the 89.1% of children and adolescents are reported to be in excellent or very good health, which is slightly lower than the national average (90.4), according to the National Survey of Children’s Health (2019-2020).

1 “Mortality in the United States, 2020”, Centers for Disease Control and Prevention, accessed August 29, 2022, <https://www.cdc.gov/nchs/products/databriefs/db427.htm#:~:text=In%202020%2C%20life%20expectancy%20at,2019%20to%2079.9%20in%202020>.

2 Fosse NE, Haas SA. Validity and stability of self-reported health among adolescents in a longitudinal, nationally representative survey. *Pediatrics*. 2009 Mar;123(3):e496-501. doi: 10.1542/peds.2008-1552.

Figure 3. Health Status, Children Ages 0-17, Delaware, 2019-2020



Source: National Survey of Children’s Health, Health Resources and Services Administration, Maternal and Child Health Bureau.

* Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [08/08/22] from [www.childhealthdata.org].

Birth Outcomes

Birth outcomes include low birth weight, premature birth and infant mortality. They are an important measure of the health of the baby, the amount and quality of prenatal care, and the health of the mother. Poor birth outcomes have adverse consequences for children and families, and society. The annual societal cost of preterm birth in the United States is over \$26.2 billion.³ Children born too early or too small have a greater risk of death and disability than full-term and heavier infants.⁴ Preterm and low-birth-weight infants have significantly more hospitalizations than full-term and normal-birth-weight infants, particularly for respiratory illness and infection.⁵ While preterm and low-birth-weight infants account for a small percentage of all infant hospitalizations, they constitute almost half of all infant hospitalization costs.⁶

The teen birth rate in Delaware is 14.9 per 1,000 live births in females ages 15-19. The national average is 16.7 per 1,000 live births. **The teen birth rate in Sussex County is almost double the statewide average.**

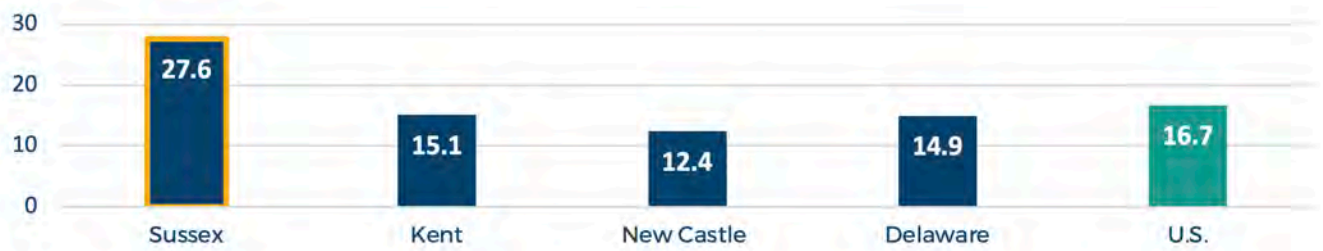
³ Institute of Medicine (U.S.) Committee on Understanding Premature Birth and Assuring Healthy Outcomes (2007).

⁴ Martin et al. (2017); Matthews, MacDorman, and Thoma (2015); Institute of Medicine (U.S.) Committee on Understanding Premature Birth and Assuring Healthy Outcomes (2007).

⁵ Yüksel and Greenough (1994); Cunningham, McMillan, and Gross (1991); Lamarche-Vadel et al. (2004); Doyle, Ford, and Davis (2003).

⁶ Mariel Sparr, Alexandra Joraanstad, Grace Atukpawu-Tipton, Nicole Miller, Julie Leis, and Jill Filene (2017). Promoting Prenatal Health and Positive Birth Outcomes: A Snapshot of State Efforts. OPRE Report 2017-65. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

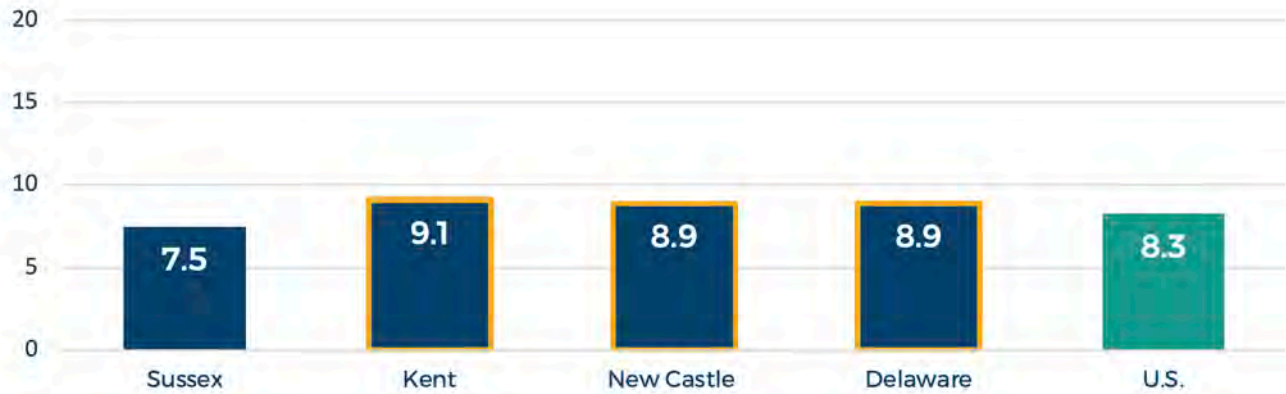
Figure 4. Teen Birth Rate per 1,000 Live Births in Females Ages 15-19 by County, Delaware, 2019



Source: Child and Adolescent Health Measurement Initiative. 2019 National Survey of Children's Health (NSCH) data query.

Sussex County has the highest teen birth rate at 27.6 per 1,000 live births, while New Castle County has the lowest (12.4 per 1,000 live births).

Figure 5: Percent of Babies Born With Low Birth Weight* by County, Delaware, 2012–2016



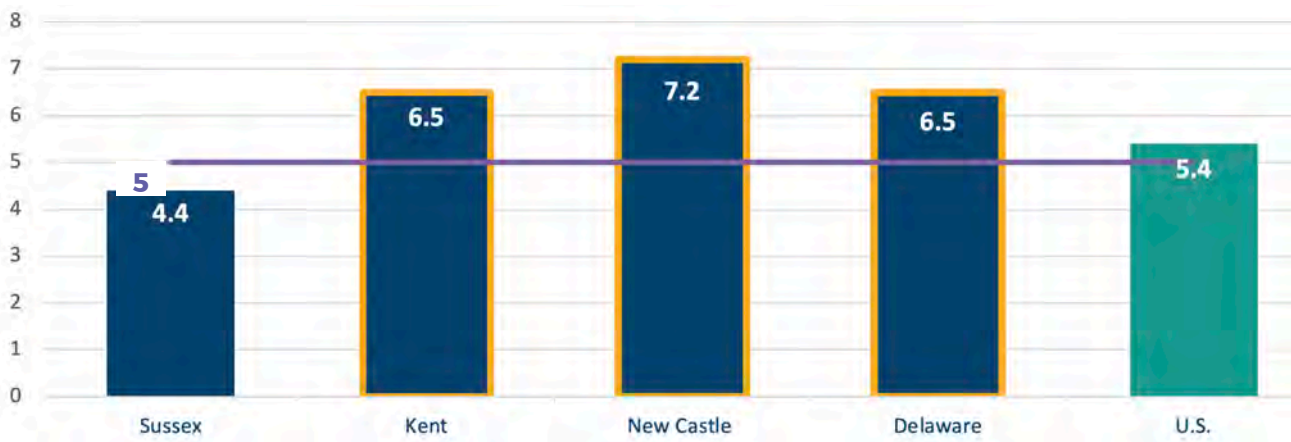
Source: Delaware Department of Health and Social Services, Division of Public Health (2012-2016).

*Babies with Low Birth Weight: This indicator shows the percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).

Kent County has the highest proportion of babies born with low birth weight (9.1%), followed by New Castle (8.9%), and Sussex counties (7.5%).

Delaware does not meet the Healthy People 2030 goal of reducing infant mortality to 5 infant deaths per 1,000 live births. Sussex County does, however, meet the HP2030 target at 4.4 infant deaths per 1,000 live births.

Figure 6. Infant Mortality Rate per 1,000 Live Births* by County, Delaware, 2016–2020



Source: Delaware Department of Health and Social Services, Division of Public Health (2016-2020).

HP2030 Goal: Reduce the rate of infant deaths within 1 year of age.

New Castle County has the highest infant mortality rate (8.4 per 1,000 live births) when compared to Kent (6.5 per 1,000 live births), and Sussex (6.1 per 1,000 live births) counties.

In addition to top indicators of the health status of our communities, this report includes evidence-based and proven indicators that describe community conditions that contribute to health and well-being such as economic, environmental, and social or cultural conditions that are paramount to capturing a comprehensive community health profile of Delaware that reflects the purpose and goals of the CHNA process.

COMMUNITY SOCIAL AND ECONOMIC CONTEXT

Efforts to improve the health of our communities have traditionally focused on expanding access to quality medical care. As stated in previous sections, this is an important piece of the puzzle, but medical care alone cannot address what makes us sick. Increasing health care cost and worsening life expectancy are the result of a “frayed social safety economic challenges, insecure housing, racism and discrimination, disparities in education and nutrition, as well as risks within the physical environment. These factors impact our health long before and after the health care system.⁷

Demographic Characteristics

There are just over 204,000 children under the age of 18 living in Delaware. This accounts for 21.1% of the total population.⁸ Over half of the child population are ages 5-14 years old (56%), followed by children under 5 years and 15-17 years old (26.8% and 17.1% respectively).

Figure 7. Percent of Children Under Age 18 by County, City of Dover and City of Wilmington, Delaware, 2016–2020



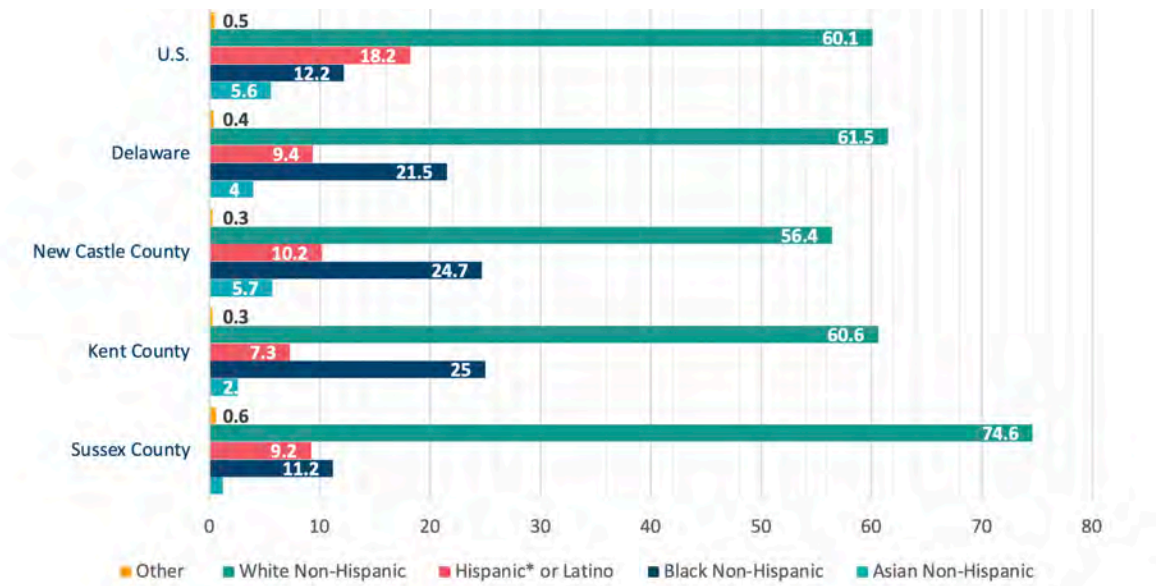
Source: U.S. Census Bureau. American Community Survey. Five-year estimates 2016-2020.
 *Persons of Hispanic origin may be of any race.

Below the state level, the city of Wilmington has the largest population of young children (28.1%), Sussex County has the largest 5-14 years old (56.4%) population and New Castle County has the largest 15-17 years old (17.5%) population.

7 “Health Affairs: Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health,” de Beaumont, accessed August 25, 2022, https://debeaumont.org/news/2019/meeting-individual-social-needs-falls-short-of-addressing-social-determinants-of-health/?gclid=EALalQobChMlx7rj567i-QIVU8yzCh2P8AWWEAAAYASAAEgJQivD_BwE

8 American Community Survey, U.S. Census Bureau. Table DP05 (2016-2022).

Figure 8. Percent Race and Ethnicity of Children Under Age 18 by County, Delaware, 2016–2020



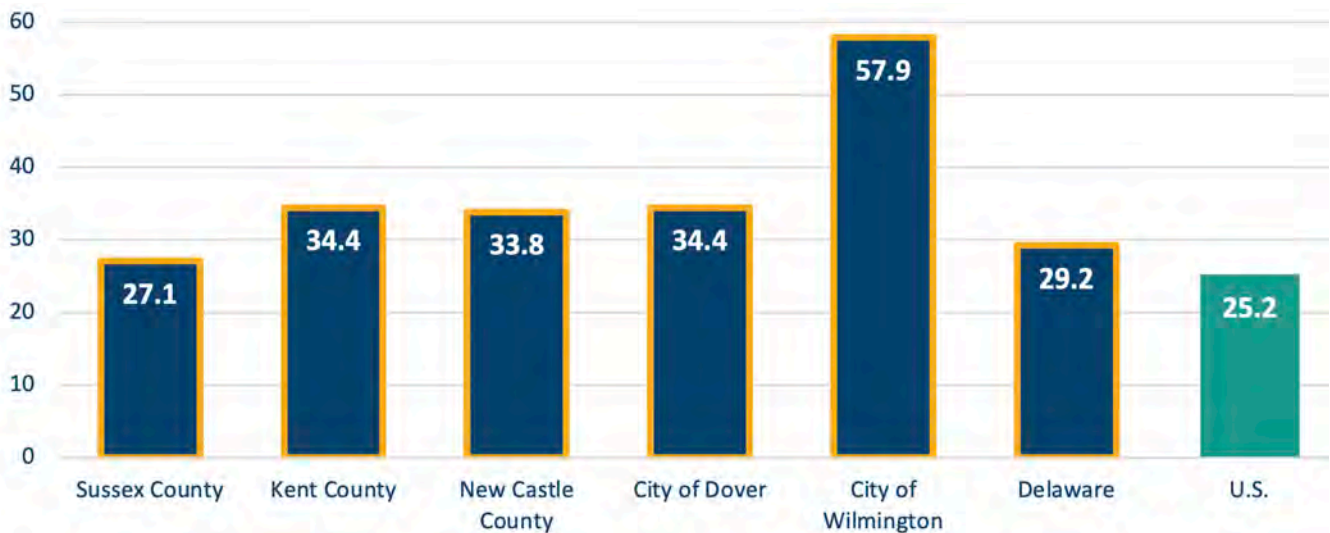
Source: U.S. Census Bureau. American Community Survey. Five-year estimates 2016-2020.

*Persons of Hispanic origin may be of any race

Sussex County has the largest percentage of white residents (74.6%), while New Castle County has the lowest percentage (56.4%). There are similar proportions of Black residents in Kent (25%) and New Castle (27.4%) counties.

Nearly one-third (29.2%) of households in Delaware are run by a single parent, which is slightly higher than the U.S. overall (25.2%).

Figure 9. Percent of Single-Parent Households by County, City of Dover and City of Wilmington, Delaware, 2016–2020

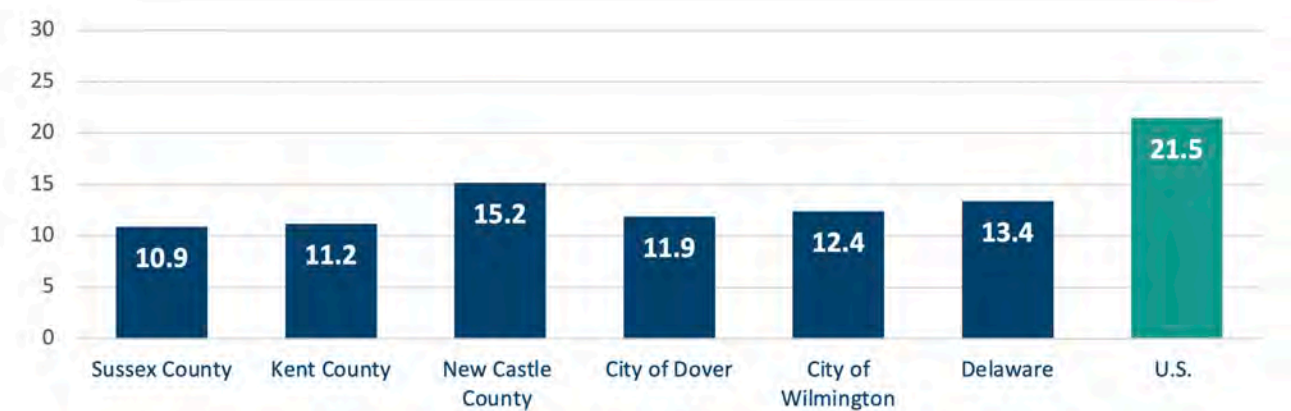


Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2016–2020).

New Castle County and Kent counties have similar proportions of single-parent households (33.8% and 34.4%, respectively), and Kent County is lower (27.1%). However, more than half (57.9%) of households in center city Wilmington are run by a single parent.

Approximately 13% of Delawareans report some language other than English being spoken in their home, compared to 21.5% nationwide.

Figure 10. Percent of Population Aged 5 and Older With Language Other Than English Spoken at Home by County, City of Dover and City of Wilmington, Delaware, 2016–2020



Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2016–2020).

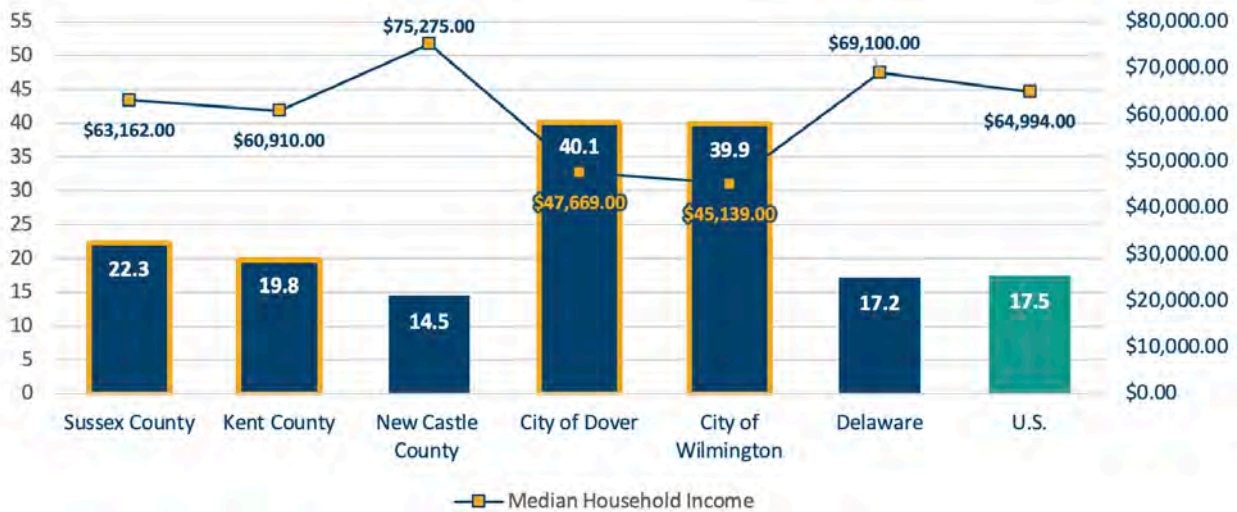
New Castle County has the highest percentage of the population who lives in a home in which a language other than English is spoken (15.2%), followed by Kent (11.2%) and Sussex (10.9%) counties.

Income and Poverty

Economic hardships can harm health and family relationships, as well as make it more difficult to afford things that impact health such as safe housing, nutritional meals and medical costs. Children living in low socioeconomic conditions are more likely to be exposed to stressors that can cause adverse health outcomes across the lifespan (ACES).

Nearly 1 in 5 (17.2%) children in Delaware live below the poverty level. The median household income in the state is \$69,100 per year.

Figure 11. Percent of Children Under 18 Living Below Poverty Level and Median Household Income by County, City of Dover and City of Wilmington, Delaware, 2016–2020

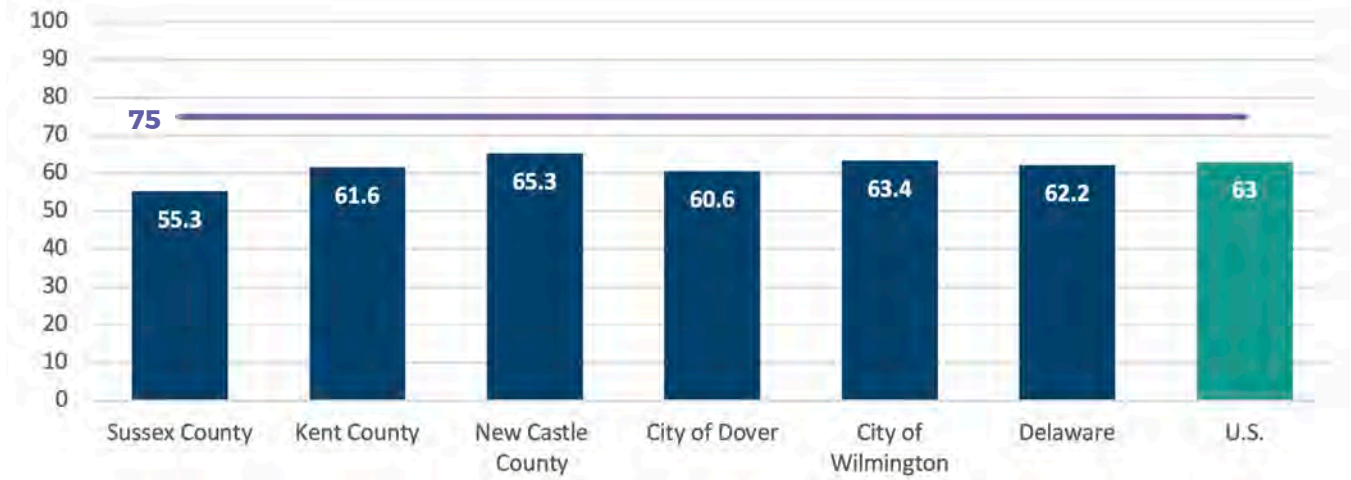


Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2016–2020).

The proportion of children living below the poverty level ranges from 14.5% in New Castle County overall, to over 40% in the city of Dover. Similarly, the highest median household income is in New Castle County overall (\$75,275) and the lowest is in the city of Wilmington (\$45,139).

Employment

Figure 12. Percent of Population 16 Years and Older in the Labor Force, by County, City of Dover and City of Wilmington, Delaware, 2016–2020



Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2016-2020).

New Castle County has the highest percentage of the population 16 years and older in the labor force (65.3%), followed by Kent (61.6%) and Sussex (55.3%) counties.

Education

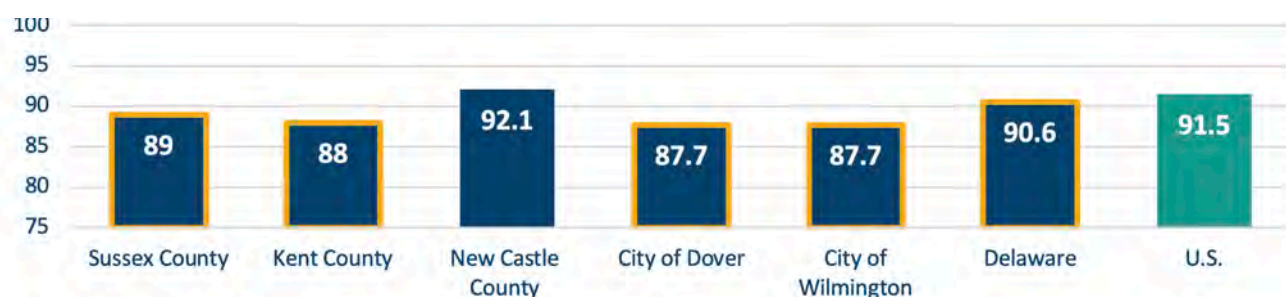
Health benefits of education include better jobs, higher earnings, and thus, increased resources for good health. There are also social and psychological benefits to education such as reduced stress, improved social and psychological skills, and larger social networks. An individual's knowledge and skill level can impact their ability to learn healthy behaviors, understand their own health needs, follow instructions, advocate for themselves/families, and communicate effectively with providers.⁹

Parent education levels are among the best predictors of student success.¹⁰ Ninety percent of Delaware residents age 25 and older have at least a high school degree, compared to 91.5% nationwide.

⁹ "Why Education Matters to Health: Exploring the Causes," Virginia Commonwealth University: Center on Society and Health, accessed September 9, 2022, <https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html#healthBenefits>

¹⁰ "Geographic Disparity: States with the best (and worst) schools," Delaware Online, 2018, accessed September 9, 2022, <https://www.delawareonline.com/story/money/economy/2018/02/08/geographic-disparity-states-best-and-worst-schools/1079181001/>

Figure 13. Percent of Population Aged 25 and Older With a High School Degree or Higher by County and City of Dover and City of Wilmington, Delaware, 2016–2020



Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2016–2020).

New Castle County as a whole has the highest proportion of adults aged 25 and over with a high school degree or higher (92.1%), followed by Sussex (89%) and Kent (88%) counties. The city of Dover and city of Wilmington have the lowest percentage of adults with a high school degree or higher (87.7%). Delaware ranks lower than the U.S. overall.

According to the 2018 edition of Quality Counts report, Delaware spends less on public education than nearby states, and has lower outcomes. In fact, in Delaware, only about 2.7% of the state’s taxable resources go into the school system, which is one of the smallest shares among states and below the 3.3% national average.

Despite the lower school spending as a share of total state spending, Delaware reports higher-than-average spending per pupil. Delaware schools spend the equivalent of \$14,224 per student per year, more than most states and above the \$12,526 average per-pupil expenditure across the country.

*One stakeholder stated,
“stop overspending on nonessentials and look at the needs of the community.”*

*Another wrote,
“school systems need to be more aligned with the social determinants of health.”*

Spending does not translate directly to results, however. Only 36.8% of fourth graders in the state and 29.5% of eighth graders are proficient in math, well below the comparable 39.4% and 32.1% shares nationwide.¹¹

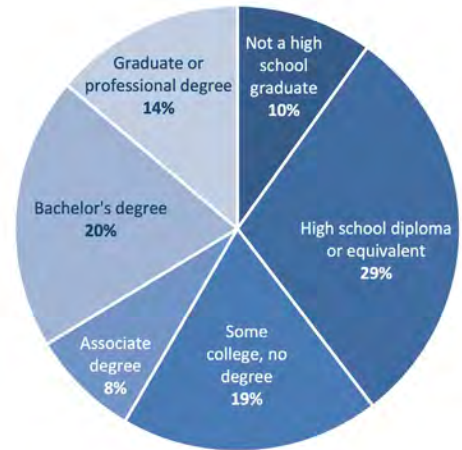
STATE	8TH GRADE NAEP PROFICIENCY: MATH	8TH GRADE NAEP PROFICIENCY: READING
New Jersey	46.2%	40.6%
Pennsylvania	36.0%	39.1%
Maryland	34.7%	37.4%
Delaware	29.5%	31.1%

Source: Quality Counts 2018: Grading the States. A Report Card for States and the Nation on K-12 Education, Education Week (2018).

Figure 14.

While 60% of the Delaware adult population has earned at least some postsecondary education, only 41% of Delaware’s adult population has received a two-year, four-year, or graduate degree.¹² National data from the Bureau of Labor Statistics show lower levels of educational attainment are correlated with lower earnings and higher unemployment rates¹³ — which is linked to adverse health outcomes across the lifespan.

Note: Postsecondary educational attainment includes some college, a two-year, four-year, or professional degree. Percentages may not equal 100 due to rounding. It is unclear what percentage of the population is on track to obtain a degree or has attained nondegree postsecondary education such as a credential, an apprenticeship or a job training program.



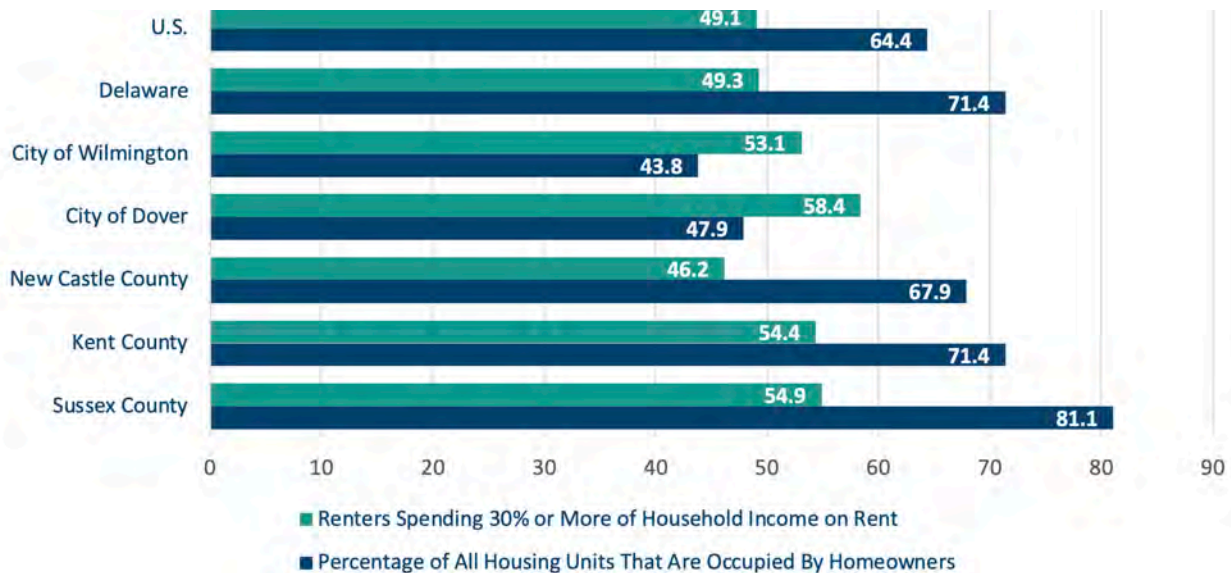
Source: U.S. Census Bureau. (2020). Educational attainment, 2019 American Community Survey 1-Year Estimates.

Housing and Environment

Where we live has a significant effect on our lives — particularly our health.

The majority of Delawareans are homeowners (71.4%), higher than the national rate (64.4%). Close to half (49.3%) of Delaware residents who rent their homes are spending 30% or more of their household income on their rent payments.

Figure 15. Percent of Homeownership and Renter Expenditures by County and City of Dover and City of Wilmington, Delaware, 2016–2020



Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2016–2020).





¹² “Delaware Public Education at a Glance” 2021 Report, Rodel, assessed September 9, 2022, https://rodelde.org/ataglance/flipbook%202021_%20all%20pages_digital.pdf

¹³ U.S. Bureau of Labor Statistics. (2020). Unemployment rates and earnings by educational attainment, 2019; U.S. Department of Labor. (2020). Current population survey. Bureau of Labor Statistics.

At the county level, New Castle County has the lowest percentage (67.9%) of homeownership, Sussex County has the highest percentage of homeownership in Delaware at 81.1%. Over half of the residents who rent their home in Kent and Sussex (54.4% and 54.9%, respectively) are spending 30% or more of their household income on rent, which is higher than the national average of just under 50% (49.1). Below the county level, the residents in the city of Wilmington are least likely to own a home, with only about two in five (43.8%) reporting home ownership, while Dover residents are more likely to spend 30% or more of their household income on rent (58.4%) than any other region in the state.






Several stakeholders emphasized the importance of lowering the cost of living, making it more affordable for families to put roots down and increasing community ties.

Poor housing conditions are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries and mental health.¹⁴ We asked community members specific survey questions about their living conditions.

	8.6% of survey respondents live in a place that currently needs a roof repair.
	12.6% of survey respondents live in a place that currently has plumbing and/or water leaks that need repair.
	11.6% of survey respondents live in a place that currently needs repairs to the heating and cooling system.
	11.7% of survey respondents live in a place with major appliances that currently need repair (oven, stove, refrigerator).

Of the respondents who reported major repairs that hadn't been addressed, plumbing and/or water leaks was the most common response (12.6%), followed by major appliances (11.7%) and heating and cooling systems (11.6%). Roof repairs was mentioned the least often with 8.6% of respondents reporting this need.

¹⁴ Krieger J, Higgins DL. Housing and health: time again for public health action. *Am J Public Health.* 2002 May;92(5):758-68. doi: 10.2105/ajph.92.5.758.

	12.6% of survey respondents currently live in a place with mold concerns .
	16.4% of survey respondents currently live in a place with pest (bugs, ants, mice) concerns .
	3.0% of survey respondents currently live in a place with lead paint or pipes .
	4.2% of survey respondents currently live in a place with no heat and/or air conditioning .
	2.8% of survey respondents currently live in a place that lacks properly functioning smoke detectors .

Of the respondents who reported safety concerns inside the home, pests were the most common concern (16.4%), followed by mold (12.6%). Functioning smoke detectors was mentioned the least often with 2.8% of respondents reporting this need.

When survey respondents were asked their opinions on the best way to address housing issues, the following themes emerged:

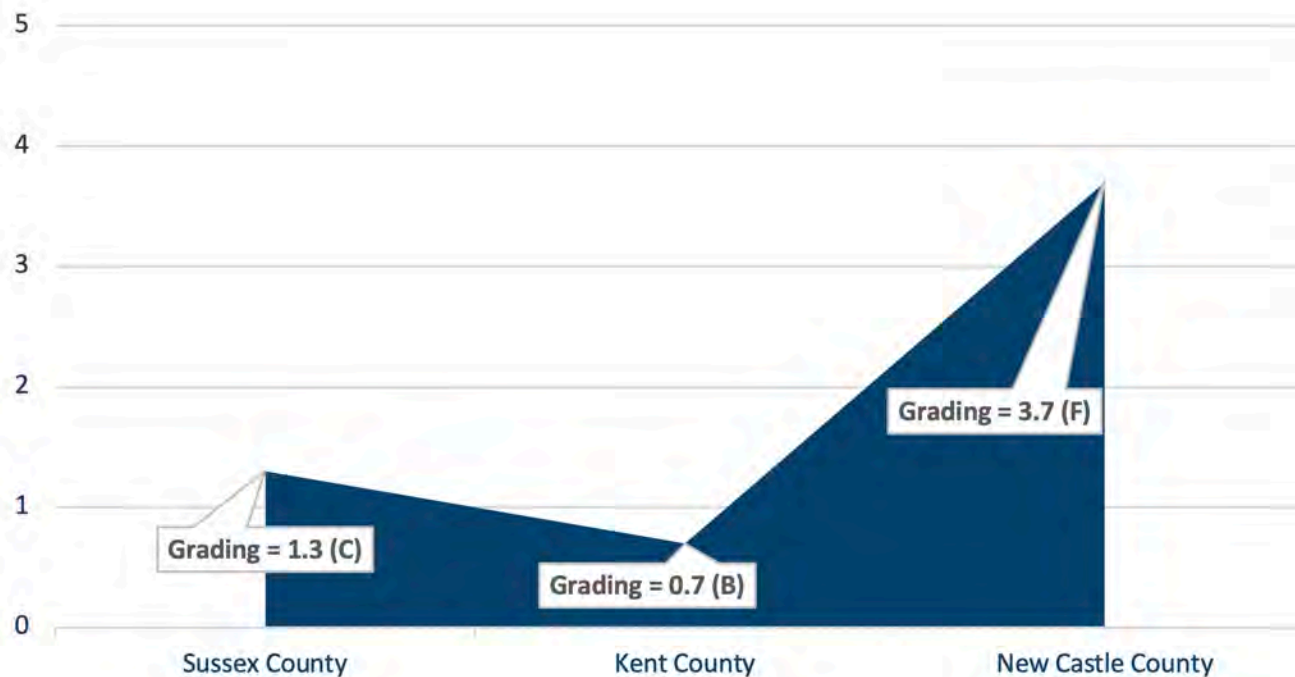
- Affordable housing options
- Safe housing options
- Community outreach/housing assistance programs
- Emergency funding or financing
- Betting maintenance
- Low-income homeowner assistance program
- Reinforce housing codes and laws
- Affordable pest removal
- Affordable mold removal

In addition to the built environment, there are toxins in the natural environment outside our doors that can impact our health. Ozone develops in the atmosphere from gases that come out of tailpipes, smokestacks and many other sources. When these gases come in contact with sunlight, they react and form ozone smog. This can inflame and damage cells that line your lungs and reduce the immune system’s ability to fight off certain bacterial infections, among others.¹⁵

No county in the state of Delaware received an “A” grade or “best” for ozone quality.

¹⁵ "Ozone," American Lung Association, accessed August 24, 2022, <https://www.lung.org/clean-air/outdoors/what-makes-air-unhealthy/ozone>

Figure 16. Annual Number of High Ozone Days by County, Delaware, 2018–2020



Source: American Lung Association (2018–2020).

* Annual ozone quality is measured by the annual number of high ozone days. Each county in the U.S. is assigned a grade — 0 or A being the best and 3.4+ or F being the worst.

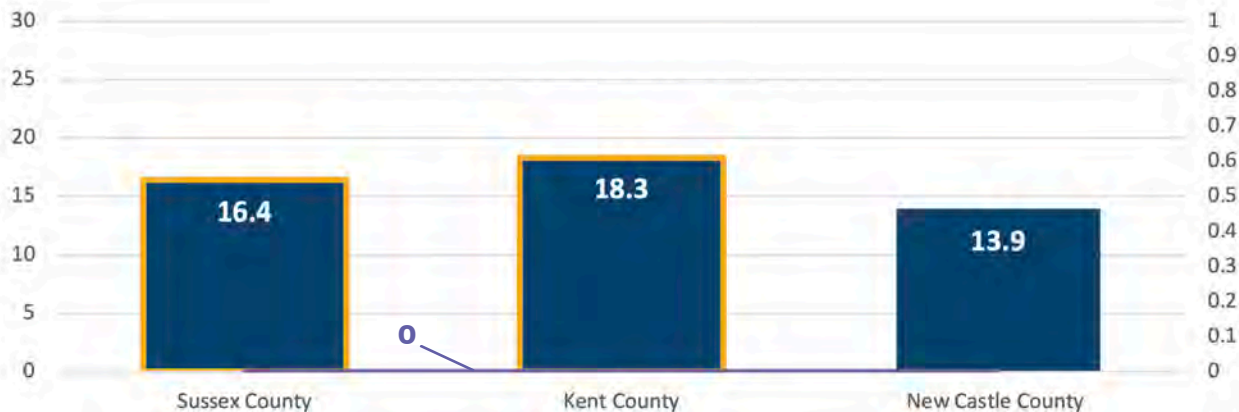
New Castle County received an F, followed by Sussex and Kent counties that received a C and B grading, respectively.

FOOD INSECURITY

Children exposed to food insecurity are of particular concern given the implications posed to the child's health and development. Children living with scarce food resources are more likely to be hospitalized and may be at higher risk for developing chronic diseases such as obesity from poor-quality foods, anemia and asthma. In addition, food-insecure children may also be at higher risk for behavioral and social issues such as fighting, hyperactivity, anxiety and bullying.

Delaware does not meet the Healthy People 2030 goal of reducing household food insecurity to 0%.

Figure 17: Percent of Children Under Age 18 Living in Households That Experienced Food Insecurity* by County, Delaware, 2019

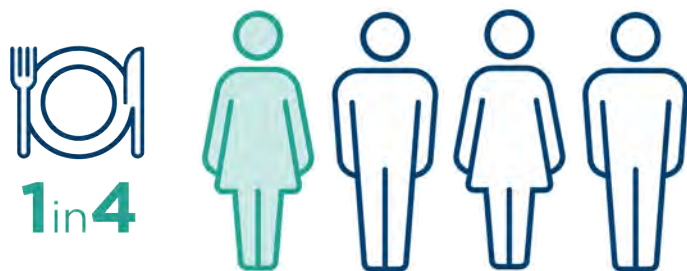


Source: Feeding America, 2019.

*The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways.

Households with children under the age of 18 in Kent County experience the highest food insecurity rate (18.3%) followed by Sussex County (16.4%) and New Castle County (13.9%)

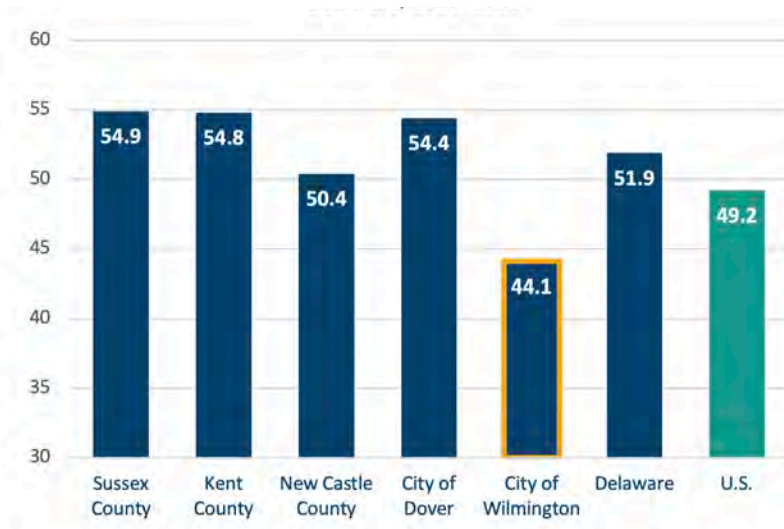
Nearly 1 in 4 (22%) survey participants report having to cut the size of meals because there was not enough money in the budget for food.



Nearly 1 in 4 (22%) survey participants report **having to cut the size of meals** because there was not enough money in the budget for food.

Approximately one in two households in Delaware with children under age 18 participate in the Supplemental Nutrition Assistance Program (SNAP). This is consistent with national rates.

Figure 18. Percent of Households With Children Under Age 18 Participating in the Supplemental Nutrition Assistance Program (SNAP) by County and City of Dover and City of Wilmington, Delaware, 2016–2020



The city of Wilmington has the lowest percentage of families with children participating in SNAP. **Highest need does not always translate to highest participation rate, according to community members.**

One survey respondent emphasized the importance of examining obstacles that influence access to services, as well.

Source: U.S. Census Bureau. American Community Survey. Five-year estimates (2016–2020).

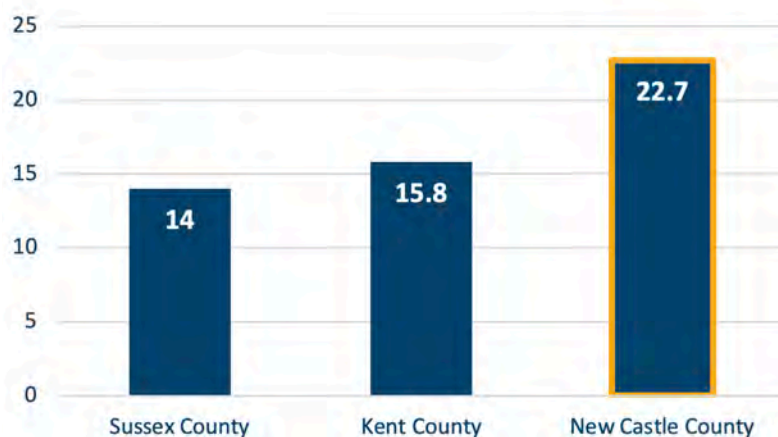
Sussex County has the highest proportion of households with children under age 18 who participate in SNAP (54.9%), followed by Kent (54.8%) and New Castle (50.4%) counties.

*One community member stated,
“[the] cost of food is way too high. Even SNAP is not always enough.”*

When asked how difficult it is for survey respondents to find fruit and vegetables in their neighborhood, the majority reported it is very easy or easy (39.2% and 46.2%, respectively.) **Just over 1 in 10 find it difficult or very difficult statewide.** Although many respondents are not finding it particularly difficult to find produce in their community, barriers, such as cost, can still be an issue.

*Another community member stated,
“There is a need for more resources for healthy eating. Possibly a community garden or farmer’s market where prices are cheaper than grocery stores.”*

Figure 19. Percent of Individuals With Low Access to a Grocery Store* by County, Delaware, 2015



Survey respondents cited limited grocery stores as a concern in their community.

Source: U.S. Department of Agriculture – Food Environment Atlas, 2015.

*Percentage of individuals living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.

When examining issues below the state level, nearly one in four individuals in New Castle County report limited access to a grocery store, compared to 15.8% in Kent and 14% in Sussex.

In addition to access to grocery stores, we asked survey respondents to rate the quality of the groceries that are currently available at those locations. Over 4 in 5 respondents report that grocery quality is good or excellent (46.2% and 39.2%, respectively). Just over 10% said the grocery quality is fair or poor (7.2% and 3.7%, respectively) where they live.

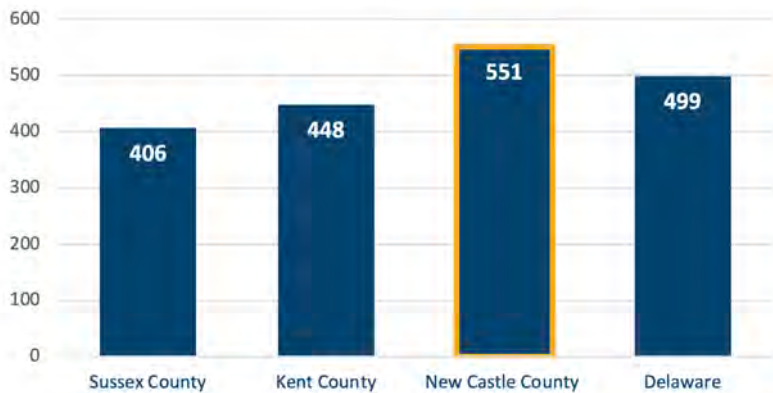
NEIGHBORHOOD SAFETY

Community members cannot thrive or enjoy good health unless they are safe.

Exposure to violence in a community can be experienced at various levels, including victimization, directly witnessing acts of violence, or hearing about events from other community members. It can also include property crimes that result in damage to the built environment. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime.¹⁸

The violent crime rate in the state of Delaware is 499 violent crime offenses per 100,000 population.

Figure 20. Violent Crime Rate* per 100,000 Population by County, Delaware, 2014–2016



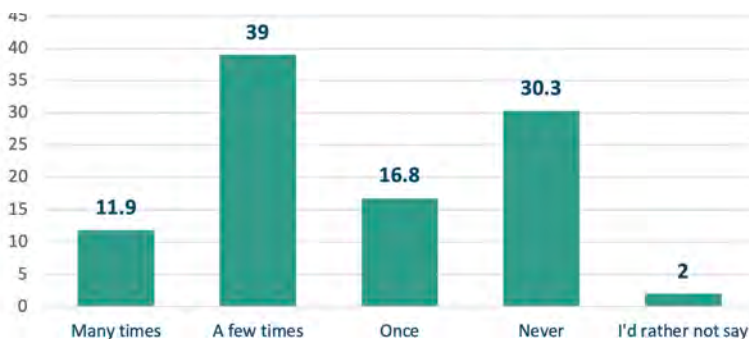
In order to address violence in our communities, several stakeholders noted the importance of community trust in law enforcement, as well as law enforcement being familiar with the communities they serve and protect.

Source: County Health Rankings. FBI Uniform Crime Reporting Data (2014–2016).

*Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery and aggravated assault.

New Castle County has the highest crime rate (551 per 100,000), followed by Kent County (448 per 100,000) and Sussex County (406 per 100,000).

Figure 21. Percent of Survey Respondents Who Have Seen or Heard Violence in Their Neighborhood or Community, Delaware, 2022*



More than 50% of survey respondents have witnessed violence in their neighborhood or community on **more than one** occasion.

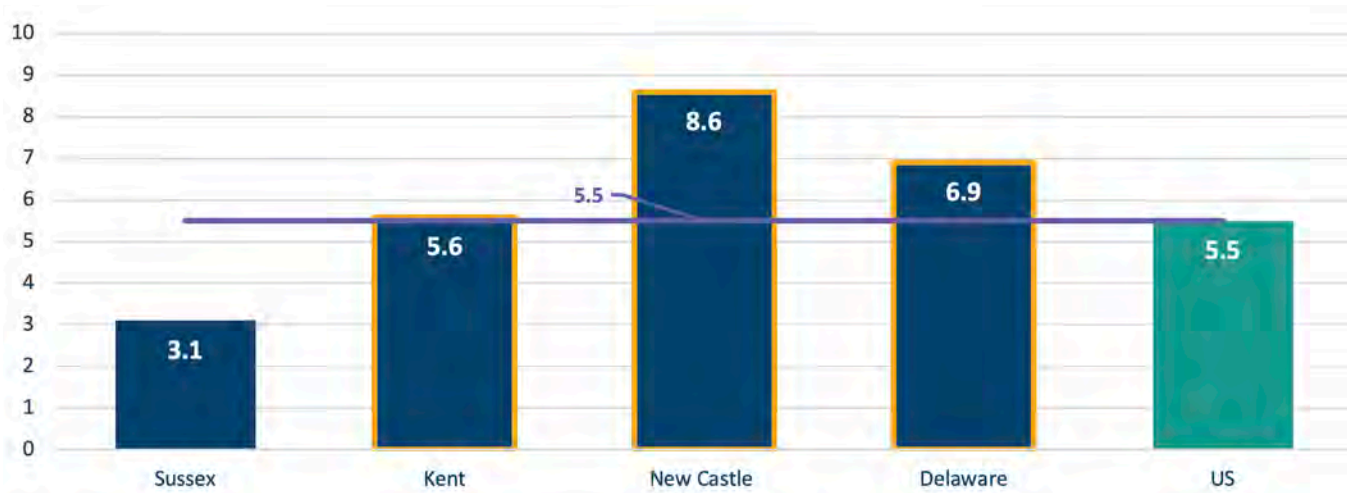
The city of Wilmington has the largest proportion of respondents citing having **witnessed violence in their neighborhood or community on more than one occasion**, with over 3 in 5 (63%) reporting having witnessed violence “a few times” or “many times”. This is followed by Kent County with over half (53%) of responses falling into these two categories.



Delaware (6.9 per 100,000 population) does not meet the Healthy People 2030 goal of reducing the homicide

rate to 5.5 per 100,000 population.

Figure 22. Age-Adjusted Death Rate Due to Homicide per 100,000 Population by County, Delaware, 2013–2017



Source: Delaware Department of Health and Social Services, Division of Public Health (2013–2017).

New Castle County has the highest homicide rate of 8.6 per 100,000 population, followed by Kent (5.6 per 100,000 population) and Sussex (3.1 per 100,000 population).

One in five survey respondents cited violence/the threat of violence the main concern in their neighborhood or community and when asked their opinions on the best way to address neighborhood safety issues, the following themes emerged:

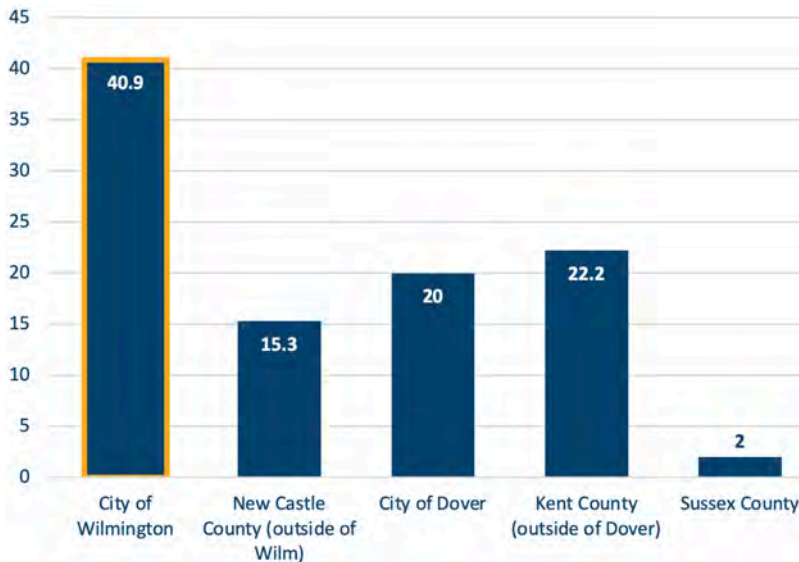
- Neighborhood watch/community involvement
- Positive parental influence
- Violence prevention programs
- Community-based policing
- Community centers for teens
- Mental health/substance abuse treatment programs
- More surveillance cameras
- Stricter gun laws
- Better paying jobs/reduce poverty

SOCIAL CAPITAL

Social capital characterizes the relations and interactions between individuals and groups. It has been suggested that social capital affects health through several mechanisms: norms and attitudes that influence health behaviors, psychosocial networks that increase access to health care and psychosocial mechanisms that enhance self-esteem.¹⁶

¹⁶ Nieminen, T., Prättälä, R., Martelin, T. et al. Social capital, health behaviours and health: a population-based associational study. *BMC Public Health* 13, 613 (2013). <https://doi.org/10.1186/1471-2458-13-613>

Figure 23. Percent Disagree or Strongly Disagree That Neighbors Can Be Trusted, Delaware, 2022



Community survey respondents in all regions echoed the need for an overall sense of fellowship and collective action among their fellow neighbors to truly feel safe in their community. Having trustworthy neighbor-led systems in place for aid, surveillance and communication is thematic in conversations regarding social capital and health.

Community members living in the city of Wilmington had the lowest trust in their neighbors, with over 40% reporting that they disagree or strongly disagree that people in their neighborhood can be trusted. Kent County has the next highest proportion of respondents citing little to no trust in their neighbors (22.2%). Residents in these two regions also reported witnessing community violence more often than the other focus areas in the state.

60%	of respondents in the City of Dover answered “never” or “rarely” when asked how likely are people in their neighborhood willing to help their neighbors with routine activities.*	<i>A proportion almost two times higher than the City of Wilmington (34.8%), and nearly three times higher than the remainder of Kent (25.9%), Sussex (24.2%), and New Castle County excluding Wilmington (19.3%).</i>
60%	of respondents in the City of Dover cited people in their neighborhood have never worked together to improve it.**	
1 in 2	respondents in the remainder of Kent County (48.4%) and the City of Wilmington (47%) cited people in the neighborhood have never worked together to improve it.	<i>Respondents in the remainder of New Castle County responded this way 35% of the time.</i>

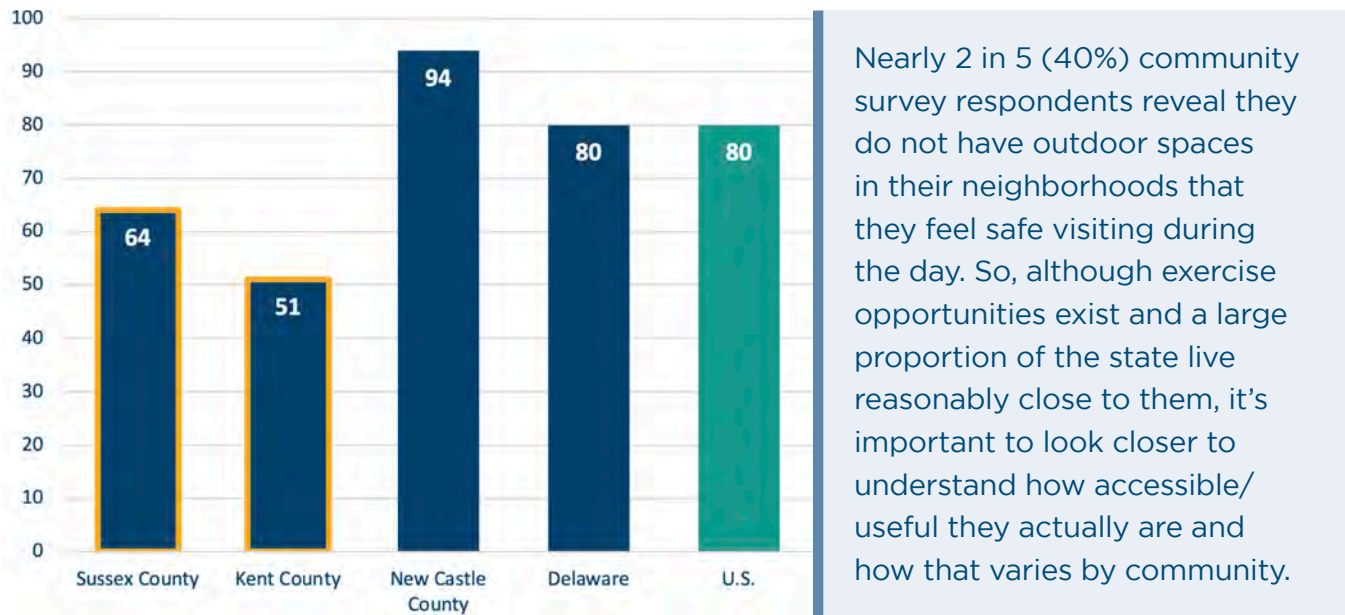
*picking up trash cans/shoveling snow

**through a neighborhood watch, creating a community garden, building a community playground, or participating in a block party



The majority of people in Delaware (80%) report living reasonably close to exercise opportunities, which is consistent with the national average (80%).

Figure 24. Percent of Individuals Who Live Reasonably Close to Exercise Opportunities* by County, Delaware, 2018






Source: County Health Rankings, 2018.

*Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Generic 6-digit SIC codes were used to identify these locations. In addition, individuals are considered to have access to exercise opportunities if they: (1) reside in a census block that is within a half mile of a park, or (2) reside in an urban census block that is within one mile of a recreational facility, or (3) reside in a rural census block that is within three miles of a recreational facility.

Disparities exist at the county level, where 51% of Kent County residents feel they live reasonably close to exercise opportunities, compared to 64% in Sussex County and 94% in New Castle County.

ACCESS AND BARRIERS TO CARE

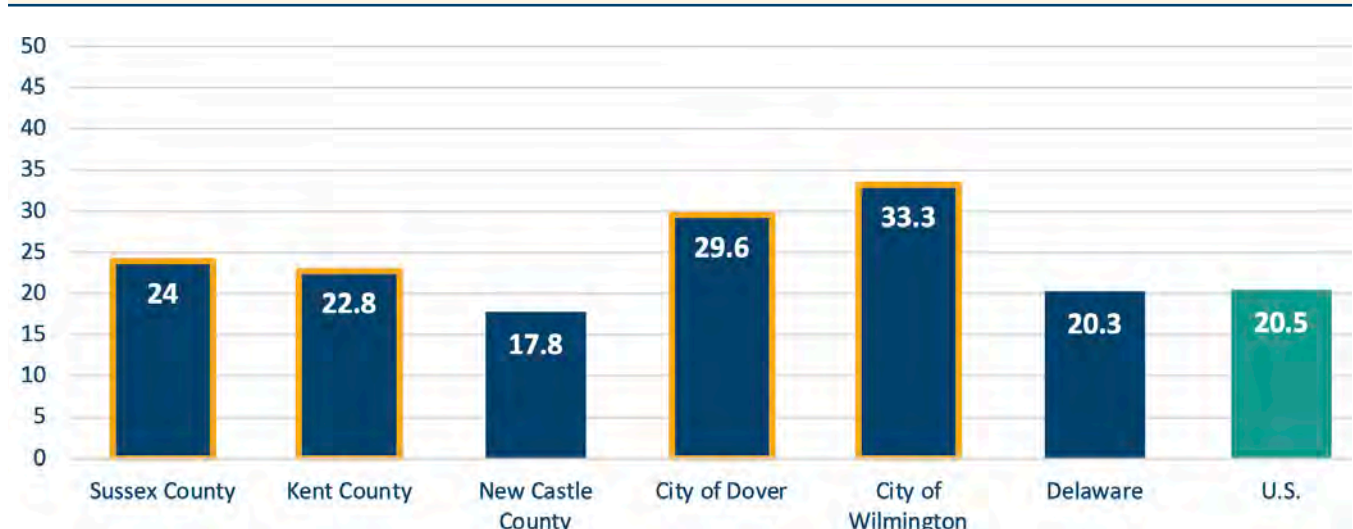
Economic Barriers

	<p>10.2% of survey respondents indicated there has been a time in the past year that they did not seek health care for their sick/injured child/children because of the cost.</p>
	<p>8.4% of survey respondents indicated there has been a time in the past year that their child/children did not get a prescription filled because of the cost.</p>
	<p>15% of survey respondents indicated there has been a time in the past year that their child/children needed dental care but did not get it because of the cost.</p>

INSURANCE COVERAGE

About one in five Delawareans (20.3%) have public health insurance only. This is compared to 20.5% nationwide.


Figure 25: Percent of Persons With Public Health Insurance Only* by County, City of Dover and City of Wilmington, Delaware, 2016–2021



Source: U.S. Census Bureau. American Community Survey, 2016–2021.

*This indicator shows the percentage of persons who have public health insurance only. Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children’s Health Insurance Program (CHIP); and individual state health plans.

At the county level, Sussex has the highest proportion of people using public health insurance as their only source of health coverage (24%), followed by Kent (22.8%) and New Castle (17.8%) counties. However, in the city of Wilmington, nearly one in every three residents (33.3%) uses public health insurance only.

	<p>9 in 10 survey respondents report their child/children is/are covered under a (any) health plan.</p>
	<p>9 in 10 survey respondents report their child/children has/have prescription medication coverage.</p>
<p>Nearly 1 in 2 (44.5%) survey respondents report their child/children has Medicaid.</p>	

When survey respondents were asked the #1 barrier to receive necessary care for children, the following themes emerged:

- Cost
- Availability of appointments
- Lack of transportation
- Wait times
- Lack of providers
- Lack of childcare
- Time off from work
- Lack of weekend/evening appointments
- Constant cancellations/rescheduling by medical professionals

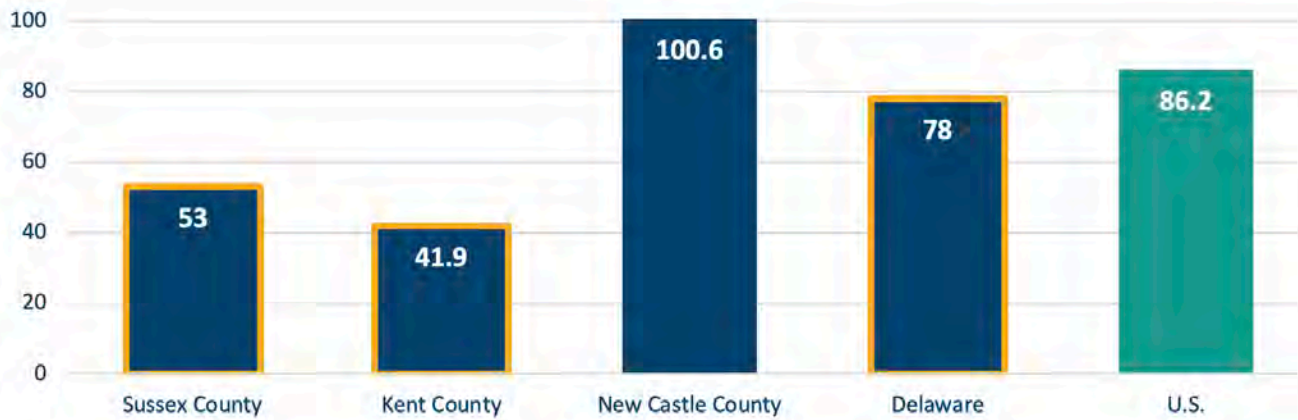
HEALTH PROVIDERS

The primary care provider (PCP) rate in the state of Delaware is 78 per 100,000, population compared to 86.2 per 100,000 population across the U.S.¹⁷

Monitoring these trends in rural areas of Sussex and Kent Counties will be particularly important in the coming years.

¹⁷ *Pediatric Dentists to Grow by 60% in the Next Decade," Dentistry Today, 2019, accessed September 1, 2022, <https://www.dentistrytoday.com/pediatric-dentists-to-grow-by-60-in-the-next-decade/>*

Figure 26. Primary Care Provider* Rate per 100,000 Population by County, Delaware, 2021



Source: County Health Rankings. 2021.

*Primary care providers include practicing physicians specializing in general practice medicine, family medicine internal medicine and pediatrics.

New Castle County has the highest rate of PCPs at 100.6 per 100,000 population and Kent County has the lowest (41.9 per 100,000 population).

When discussing barriers to care and health needs, many community members mentioned the limited availability of providers, which is contributing to issues such as

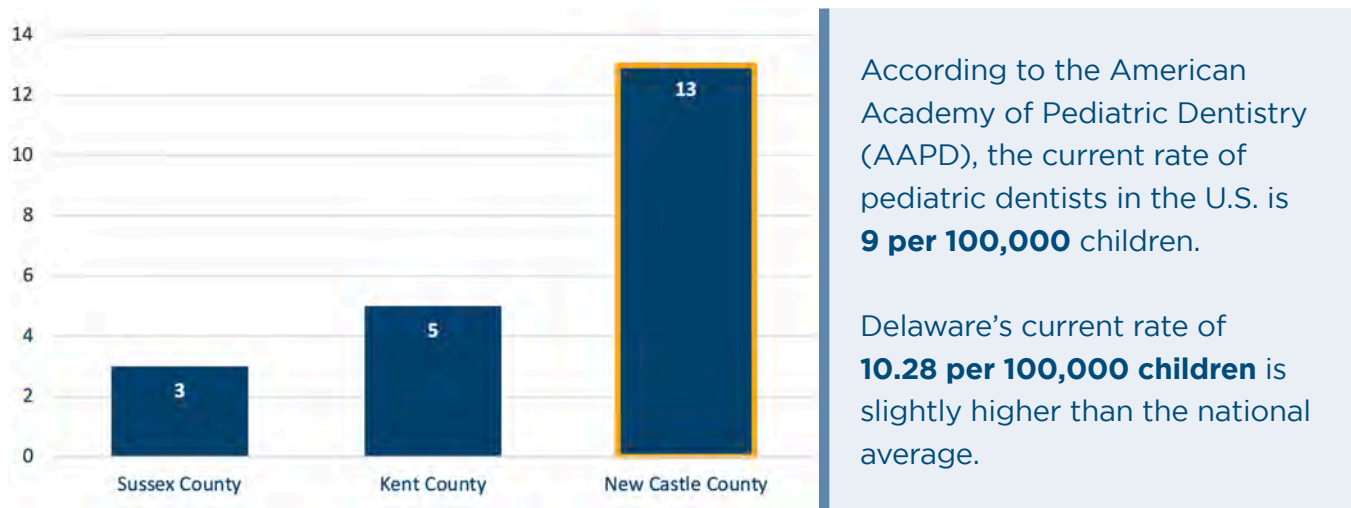
“too long of wait times to get appointments,” “inconvenient provider hours,” and a lack of “caring” and/or “knowledgeable” providers.

Community members reiterated that “insurance plans are complicated” and many providers are limited by the insurance companies they are “tied to,” with “many not accepting Medicaid,” or other insurance, leading to higher out-of-network costs.

Other concerned community members noted, “doctors are leaving practices, causing a shortage of providers,” and “the population is growing and there are not enough facilities/providers to provide care.”

According to the Delaware State Dental Society, there are a total of 21 pediatric dentists practicing across the state.

Figure 27. Total Number of Pediatric Dentists Practicing in Each County, Delaware, 2021



Source: Delaware State Dental Society, 2021.

There are thirteen pediatric dentists in New Castle County, five in Kent County and three pediatric dentists in Sussex County.

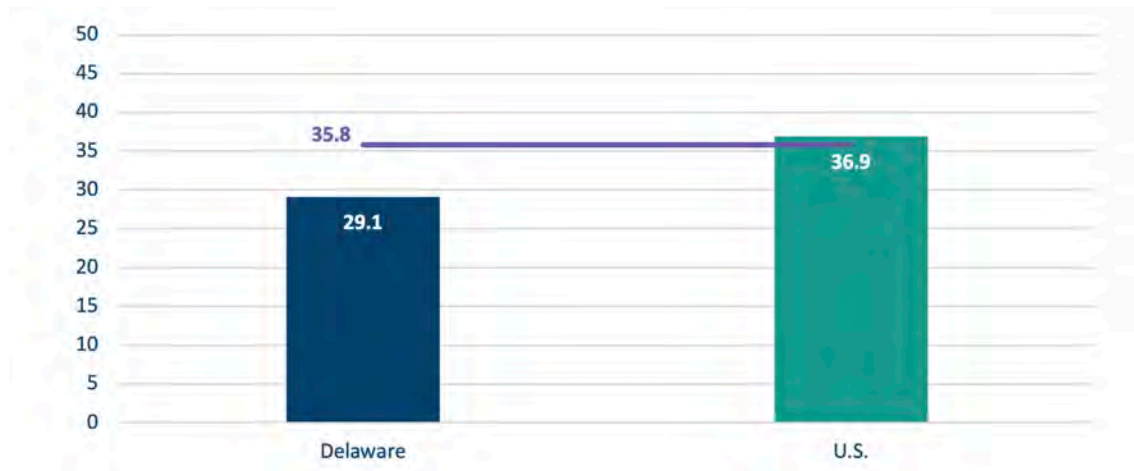
If retirement and graduation trends continue, the AAPD expects the number of pediatric dentists to increase by 62% to 14 per 100,000. Similar to Delaware, these rates vary significantly by geography - with the lowest rates in states with higher rural populations. More dentists mean more efforts devoted to encouraging them to practice in locations previously out of reach in order to reduce access barriers and prevent inequities in oral health and disease.

Monitoring these trends in rural areas of Sussex and Kent Counties will be particularly important in the coming years.

SCREENINGS

Developmental screenings identify children at risk of having or developing developmental delays, to improve outcomes through early intervention and referral to supportive services.¹⁸ Delaware ranks lower than the U.S. overall (29.1% compared to 36.9%, respectively), and does not meet the Healthy People 2030 goal of increasing the proportion of children who receive a developmental screening to a target of 35.8%

Figure 28. Percent of Children Ages 9–35 Months That Received a Developmental Screening in the Past 12 Months,* Delaware, 2019–2020



Source: Child and Adolescent Health Measurement Initiative. 2019–2020 National Survey of Children’s Health (NSCH) data query.

*Parent completed a standardized developmental screening tool

Lead causes serious damage to children’s brains even at relatively low levels of exposure, and its effects are difficult to overcome. Nationally, lead exposure tends to be highest among Black children and those living in areas of high poverty. Children younger than 6 are the most vulnerable, as their bodies are rapidly developing, and they are more likely to put lead-contaminated objects in their mouths.¹⁹ The COVID-19 pandemic has not only slowed testing rates and lead removal efforts, but it has led to children spending an extended time in lead-contaminated homes. The CDC estimates that during January–May 2020, 34% fewer U.S. children had BLL testing compared to those during that same period in 2019.²⁰

Delaware law requires ALL Delaware health care providers make sure their patients who are children receive a blood lead test (either capillary or venous test) at 12 months of age and again at 24 months. The national standard for an elevated blood lead level test result is now ≥ 3.5 Qg/dl.²¹

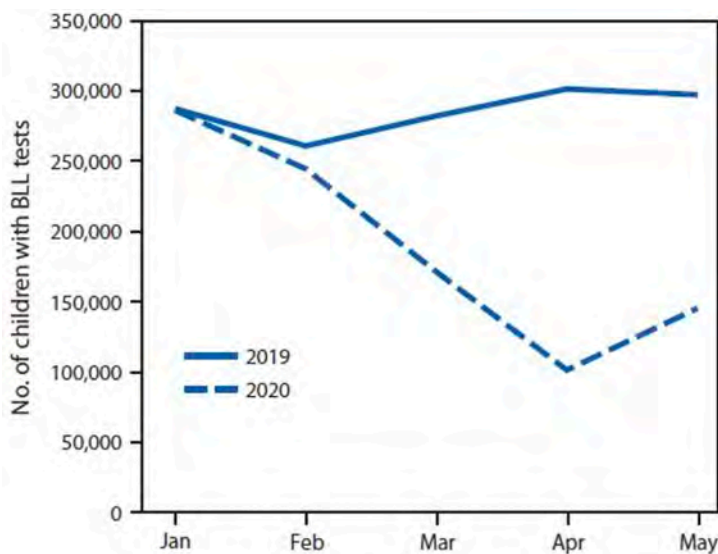
18 “Strengthening the Developmental Screening Process,” National Institute of Children’s Health Quality, accessed September 2, 2022, <https://www.nichq.org/insight/strengthening-developmental-screening-process>

19 “Lead Poisoning Tests Plunged During the Pandemic. Kids Aren’t Getting Screened,” NBC News, accessed September 2, 2022, https://www.nbcnews.com/news/us-news/lead-poisoning-tests-children-pandemic-rcna28041?fbclid=IwAR2Y3ghZgPYCOAn0EvYmUjvKPbXOWm_3ap1X_OnPri-rENBCCNjaokKFVpg

20 Courtney JG, Chuke SO, Dyke K, et al. Decreases in Young Children Who Received Blood Lead Level Testing During COVID-19 — 34 Jurisdictions, January–May 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:155–161. DOI:[http://dx.doi.org/10.15585/mmwr.mm7005a2external icon](http://dx.doi.org/10.15585/mmwr.mm7005a2external%20icon).

21 “Lead Information – Medical Professionals,” Delaware Health and Social Services, accessed September 2, 2022, <https://www.dhss.delaware.gov/dhss/dph/hsp/hlppmedical.html#:~:text=Delaware%20law%20requires%20ALL%20Delaware,now%20%E2%89%A5%203.5%20%C2%B5g%2FdI>

Figure 29. Number of Children Age Under 6 Who Received Blood Lead Level (BLL) Tests,* by Month — 34 U.S. Jurisdictions,† 2019–2020



* CDC requested that state and local health departments report the total number of children with BLL tests by month during January–May 2019 and January–May 2020. Data for children aged under 6 were received from 34 state and local health departments, including the District of Columbia and New York City.

† Alabama, Alaska, Arizona, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Hampshire, New Mexico, New York (excluding New York City), New York City, Ohio, Oregon, Rhode Island, Tennessee, Texas, Washington, West Virginia, and Wisconsin.

Figure 30. Number of Children Age Under 6 With Blood Lead Level (BLL) Tests,* Absolute Change, and Percentage Change, by Jurisdiction — 34 U.S. Jurisdictions, 2019–2020

Jurisdiction	Month	No. of children tested		Absolute change, no.	% Change
		2019	2020		
U.S. totals (for programs reporting data)	Jan	287,343	286,261	-1,082	-0.4
	Feb	260,861	244,384	-16,477	-6.3
	Mar	282,150	171,298	-110,852	-39.3
	Apr	301,380	101,388	-199,992	-66.4
	May	297,282	145,513	-151,769	-51.1
5-month totals	Jan-May	1,429,016	948,844	-480,172	-33.6
Delaware	Jan	1,177	885	-292	-24.8
	Feb	1,068	759	-309	-28.9
	Mar	1,166	517	-649	-55.7
	Apr	1,358	126	-1,232	-90.7
	May	1,319	270	-1,049	-79.5

* CDC requested that state and local health departments report the total number of children with BLL tests by month during January–May 2019 and January–May 2020. Data for children under 6 were received from 34 state and local health departments, including the District of Columbia and New York City.

Expert panelists noted challenges in Delaware related to lead screening rates prior to the pandemic, although it can be acknowledged that the pandemic has exasperated the problem. In the 2022 CHNA, we asked community members with unscreened children the main reason why they have not been screened. The following themes emerged:

- My child’s doctor did not screen for it
- I did not know to ask for it/anyone told me
- My child is not old enough yet (under 12 months)
- My child does not live in an area that would put them at risk for lead exposure/not necessary

According to community members and stakeholders alike, barriers to getting screened for lead in Delaware include factors of access and/or convenience such as, “doctors won’t do it,” or “it is not done in the doctors office” which requires parents to make additional appointments and find safe labs that specialize in pediatrics (limited). Others noted factors related to parental awareness of the importance of lead screening, and some hold providers responsible for not bringing it up or educating patients enough. Lastly, parental shame or fear of bad results due to the nature of how children are exposed to lead (inadequate living conditions) is a factor attributed to parental hesitancy in going through with the screening.

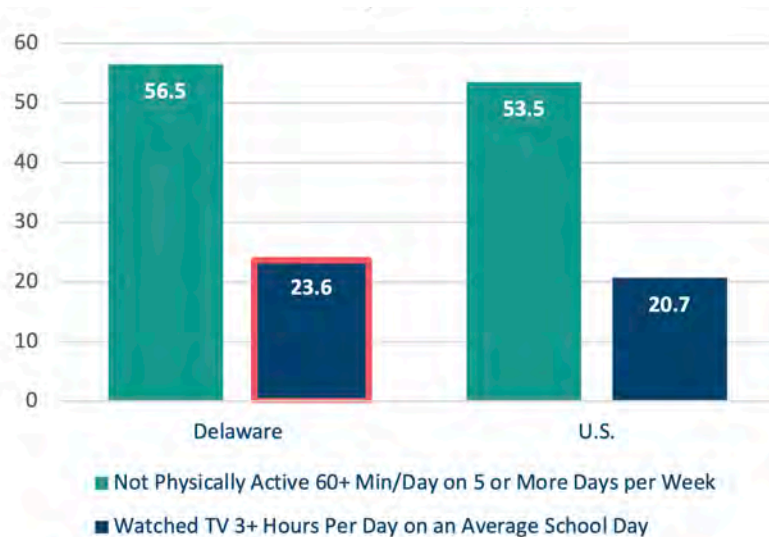
HEALTH CONDITIONS AND LIFESTYLE

Being physically inactive or having a sedentary lifestyle increases the risk of obesity.

Healthy People 2030 recommends moderate-to-vigorous exercise for 60 minutes or more every day. Over half (56.5%) of Delaware youth, grades 9-12, report that they are not physically active for 60 or more minutes per day on five or more days per week. The number is higher than the national average (53.5%).

Too much screen time can interfere with physical activity. Healthy People 2030 recommends children engage in two hours or less of screen time per day. However, nearly one in four (23.6%) youth report having watched TV for three or more hours per day on an average school day, a number that is significantly ($p \leq 0.03$) higher than the U.S. overall (20.7%).

Figure 31: Percent of Physical Inactivity and TV Screen Time in Youth Grades 9-12, Delaware, 2017



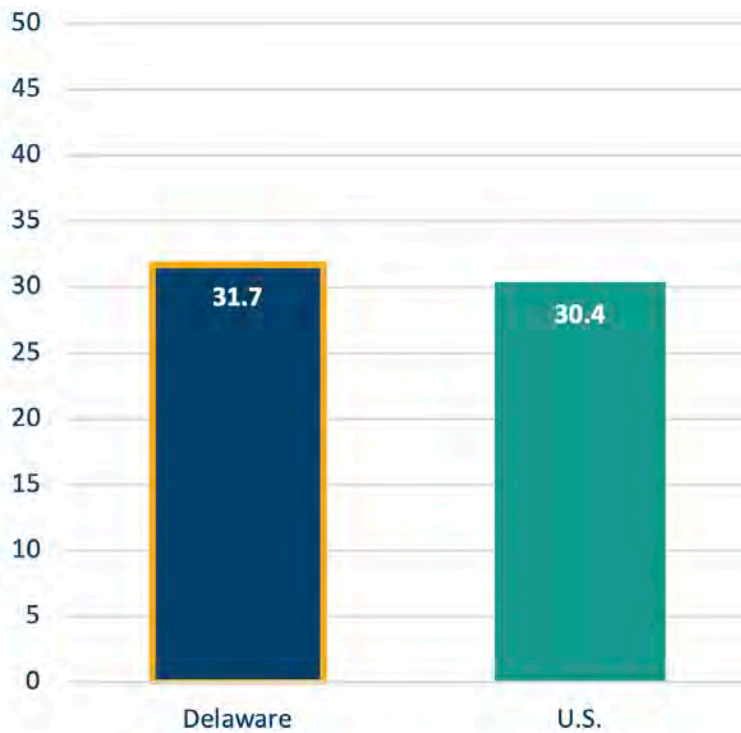
Stakeholders echoed the need for investments in prevention and promotion of physical activity in youth. One leader stated, “[we need] more afterschool programs that offer physical activity and fun activities with safe transportation home.” Several others echoed funding centered on safe outdoor spaces, parks and bike trails.

Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

According to the National Institutes of Health, obesity is associated with increased morbidity and mortality. There is strong evidence that weight loss in overweight and obese individuals reduces diabetes, heart disease and high blood pressure.²²

Nearly one in three (31.7%) Delaware youth in grades 9-12 is overweight or obese. This number is slightly higher than the U.S. overall.

Figure 32. Percent of Youth Grades 9-12 Who Are Overweight or Obese*, Delaware, 2017



Across all three counties, community members identified the need for more opportunities to be physically active to address obesity and other related health issues. “Accessible and affordable programs” and “organized activities” that create opportunities to be active as a family and/or as youth are lacking in the state of Delaware. Specifically, “programs that promote activity, health (physical, mental, etc.), and encourage kind friendships.”

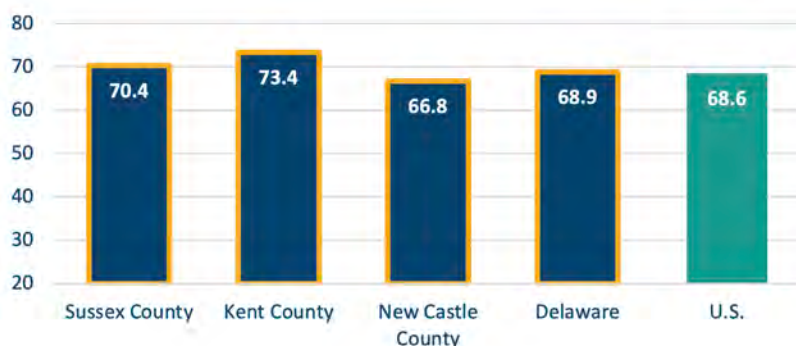
Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

*Obese or overweight represents students (grade 9-12) who were ≥ 85 th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.

Adults in Delaware tend to be more obese or overweight than children. Overall, nearly 7 in 10 (68.9%) adults age 18 are overweight or obese, compared to 68.6% nationwide.

²² “Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults,” National Institutes of Health, accessed August 2, 2022, https://www.nhlbi.nih.gov/files/docs/guidelines/obesity_guidelines_archive.pdf.

Figure 33. Percent of Adults Age 18 and Over Who Are Overweight or Obese* by County, Delaware, 2019



“Changes need to happen in the built environment to support positive health choices,” one stakeholder stated.

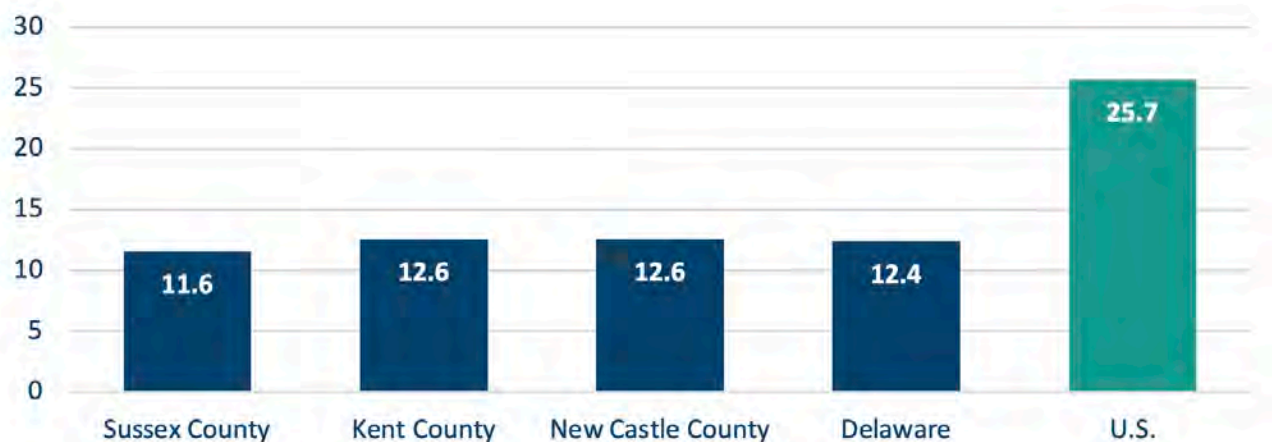
Source: CDC. Behavioral Risk Factor Surveillance System (BRFSS), 2019.

*Overweight or Obese: percentage of adults who are overweight or obese according to the Body Mass Index (BMI). The BMI is calculated by taking a person’s weight and dividing it by their height squared in metric units ($BMI = \text{Weight (Kg)} / [\text{Height (m)}^2]$). A BMI between 25 and 29.9 is considered overweight and a BMI ≥ 30 is considered obese.

Kent County has the highest proportion of adults who are overweight or obese (73.4%), followed by Sussex and New Castle counties (70.4% and 66.8%, respectively).

About 12% of adults in the state of Delaware were diagnosed with diabetes compared to 25.7% of adults nationally.

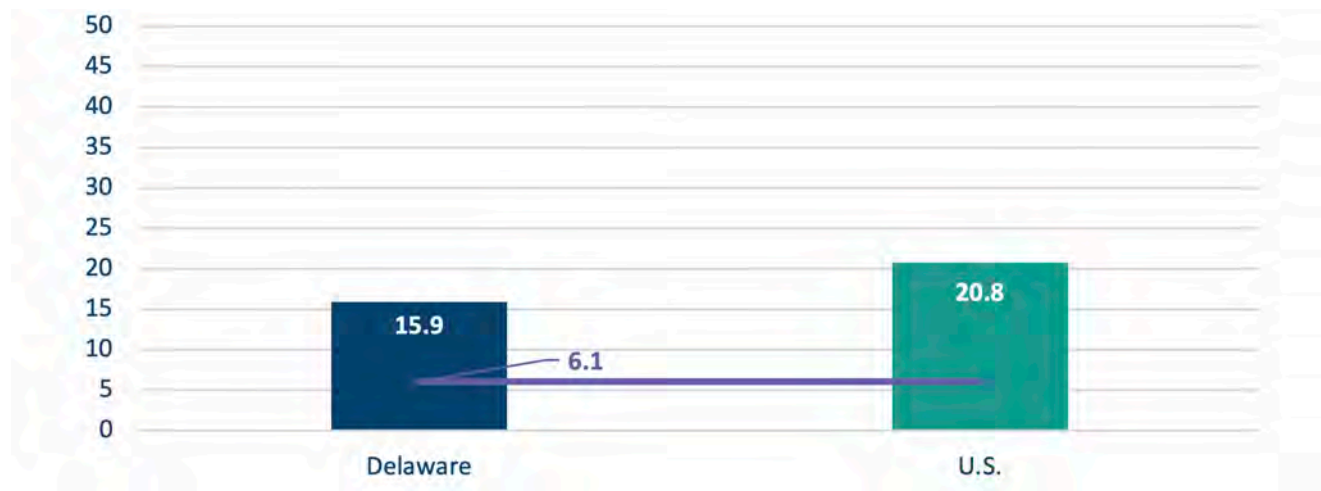
Figure 34. Percent of Adults Age 18 and Older Diagnosed With Diabetes by County, Delaware, 2020



Source: CDC. Behavioral Risk Factor Surveillance System (BRFSS), 2020.

According to the U.S. Centers for Disease Control and Prevention (CDC), cigarette smokers are more likely than nonsmokers to develop heart disease, stroke, lung disease and some cancers.²³ In Delaware, the percentage of current smokers in each county does not meet the Healthy People 2030 goal of 6.1%.

Figure 35. Percent of Adults Age 18 and Older Who Currently Smoke, Delaware, 2019



Source: CDC. Behavioral Risk Factor Surveillance System (BRFSS), 2019.

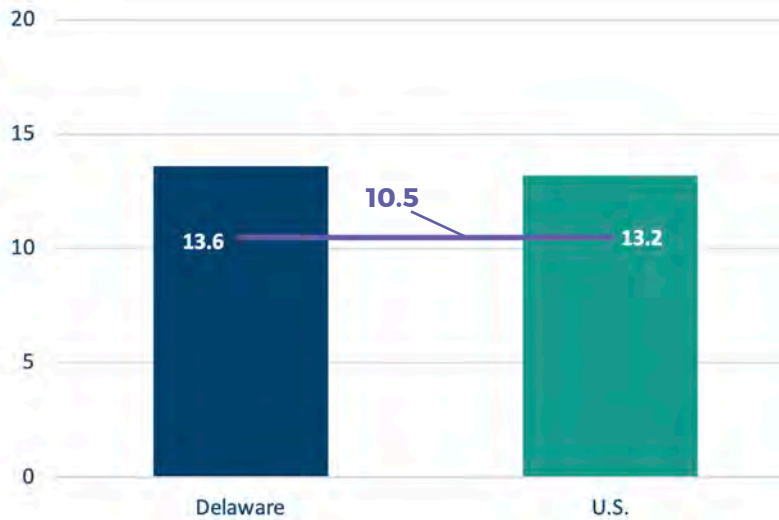
People who start smoking at an early age are more likely to develop a severe addiction to nicotine than those who start at a later age. Of adolescents who have smoked at least 100 cigarettes in their lifetime, most of them report that they would like to quit but are not able to do so.²⁴

Vapor products or e-cigarettes are considered tobacco products because most of them contain nicotine as well as other harmful ingredients. Nicotine exposure during adolescence can cause addiction and harm to the brain. Approximately 13.6% of Delaware high school students have used a vapor product at least once in the past 30 days, compared to 13.2% nationwide. Delaware does not meet the Healthy People 2030 goal of 10.5%.

²³ Health Effects of Cigarette Smoking," Centers for Disease Control and Prevention, accessed May 26,2022, https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm.

²⁴ American Legacy Foundation. 2000. National Youth Tobacco Survey. 2001.

Figure 36. Percent of Youth Grades 9-12 Who Reported Electronic Vapor Products* Use, Delaware, 2017



The use of these vapor products has grown over the past several years. In 2018, e-cigarette use was 19 times higher in high school females (19%) and 11 times higher in high school males (23%) than it was in 2011 (1% and 2%, respectively). Today, e-cigarettes are used more often by high school students than by adults.²⁵

Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

*Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs and hookah pens. Current use is defined as on at least one day during the 30 days before the survey.

HP2030 Goal: Reduce current use of e-cigarettes among adolescents.

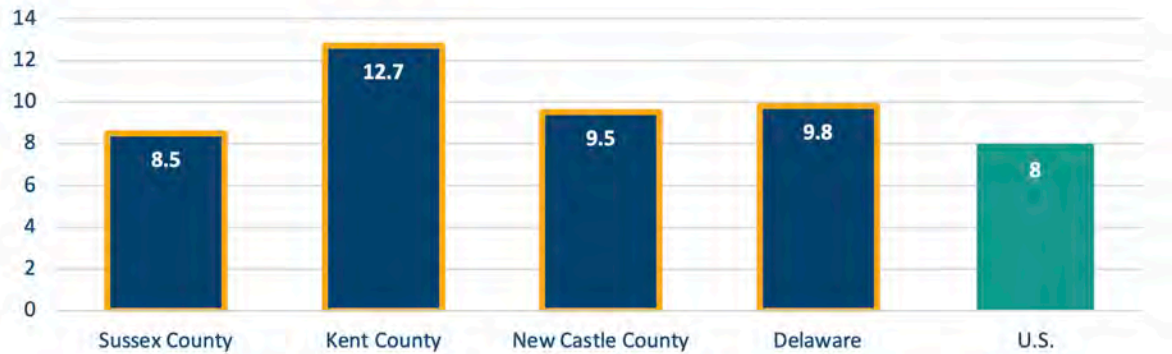
Asthma is a complex disease, determined by many different factors. There is a genetic component, with many different genetic variants that can increase the risk of asthma. But there is also an environmental component, with many environmental conditions that can increase the risk.

If a parent has asthma, their child is twice as likely to have asthma than someone without this family history. If a parent and a grandparent have asthma, a child is four times more likely to develop asthma.²⁶ Having parents and siblings with asthma also highly increases a person's risk of getting asthma. Adults in Delaware are more likely to have asthma (9.8%) than adults nationally (8%).

²⁵ Know the Risks: E-cigarettes and Young People, Get the Facts," U.S. Department of Health and Human Services, accessed May 26, 2022, <https://e-cigarettes.surgeongeneral.gov/getthefacts.html>.

²⁶ Valerio et al. "Examining the association between childhood asthma and parent and grandparent asthma status: Implications for Practice." *Clinical Pediatrics*. (2010)

Figure 37. Percent of Adults Age 18 and Older Who Have Ever Been Told by a Health Care Provider They Have Asthma by the County, Delaware, 2019

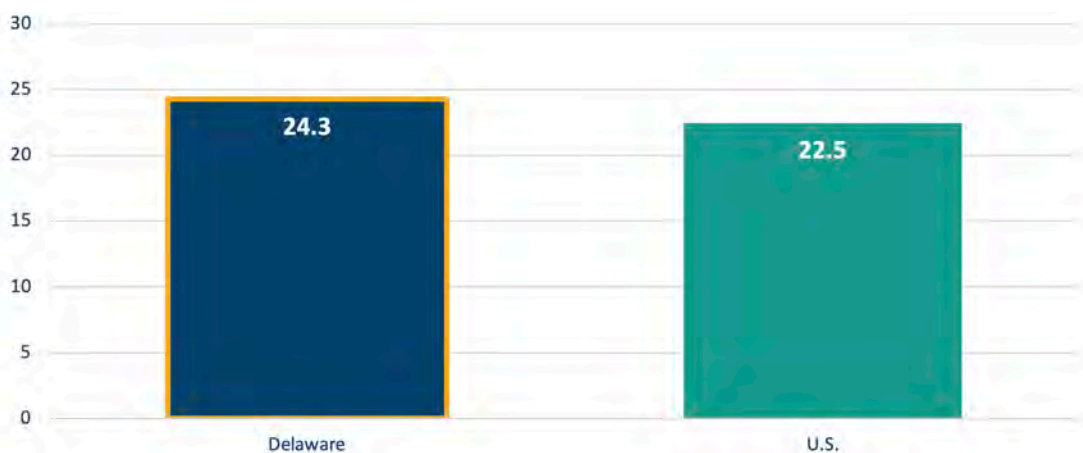


Source: CDC. Behavioral Risk Factor Surveillance System (BRFSS), 2019.

Kent County has the highest proportion of adults with asthma (12.7%), followed by New Castle County (9.5%), and Sussex County (8.5%).

One in four high school students in Delaware has asthma (24.3%), which is higher than the national average (22.5%).

Figure 38. Percent of Youth Grades 9-12 Who Were Ever Told by a Doctor or Nurse That They Have Asthma, Delaware, 2017



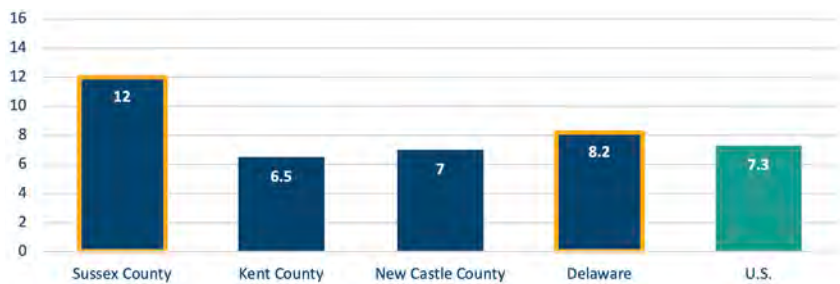
Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

Cancer is caused by genetic changes leading to uncontrolled cell growth and tumor formation. While some cancers are due to inherited genetic mutations, most cancers are related to environmental, lifestyle, or behavioral exposures.²⁷

When asked how to address the biggest health needs in Delaware, one community member stated, “**we need to investigate environmental cancer causes in Delaware.**”

Delaware adults are more likely to have ever been told they have cancer (8.2%), than adults nationally (7.3%).

Figure 39. Percent of Adults Age 18 and Older Who Report Ever Having Been Told by a Health Professional They Have Cancer (Excluding Skin Cancer), by County, Delaware, 2019



Sussex County has the highest proportion of adults with cancer (12%), followed by New Castle County (7%), and Kent County (6.5%).

Source: CDC. Behavioral Risk Factor Surveillance System (BRFSS), 2019.

BEHAVIORAL HEALTH

Substance use disorder and addiction may lead to accidental or intentional death. People who suffer from addiction to drugs or alcohol often have one or more accompanying medical issues, which may include lung or cardiovascular disease, stroke, cancer, HIV/AIDS, Hepatitis B and C and mental health disorders.²⁸

Youth in Delaware (24.3%) and the U.S. as a whole (22.5%) do not meet the Healthy People 2030 goal of reducing the proportion of adolescents, ages 12-17, engaging in binge drinking to 8.6%.

²⁷ Stewart BW, Wild CP, eds. (2014). "Cancer etiology." *World Cancer Report 2014*. World Health Organization. pp. 16-54. ISBN 978-9283204299.

²⁸ "Drugs, Brains, and Behavior: The Science of Addiction — Addiction and Health," National Institute on Drug Abuse, accessed August 30, 2019, <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>

Figure 40: Percent of Reported Current Binge Drinking* Among Youth Grades 9–12, Delaware, 2017

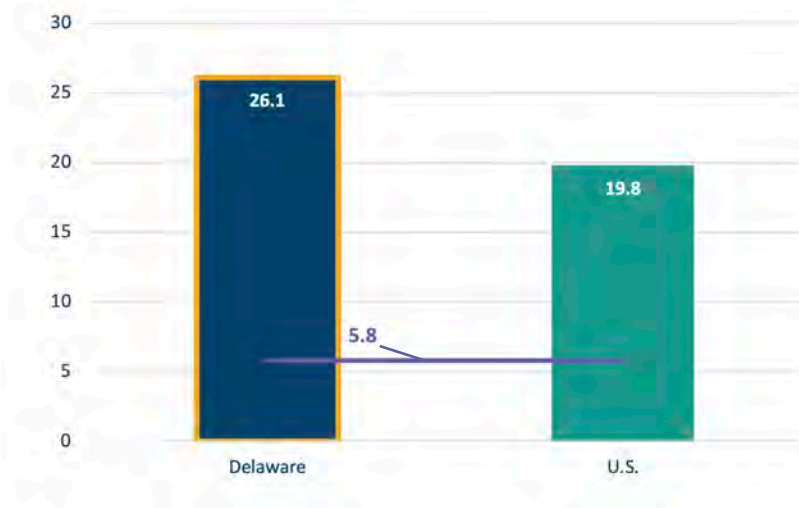


Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

*Reported current binge drinking: four or more drinks of alcohol in a row (if they were female) or five or more drinks of alcohol in a row (if they were male), within a couple of hours.

Delaware youth-reported marijuana use does not meet the Healthy People 2030 goal of reducing the proportion of adolescent (12–17) marijuana use to 5.8%.

Figure 41: Percent of Reported Current Marijuana Use Among Youth Grades 9–12 During Past 30 Days, Delaware, 2017

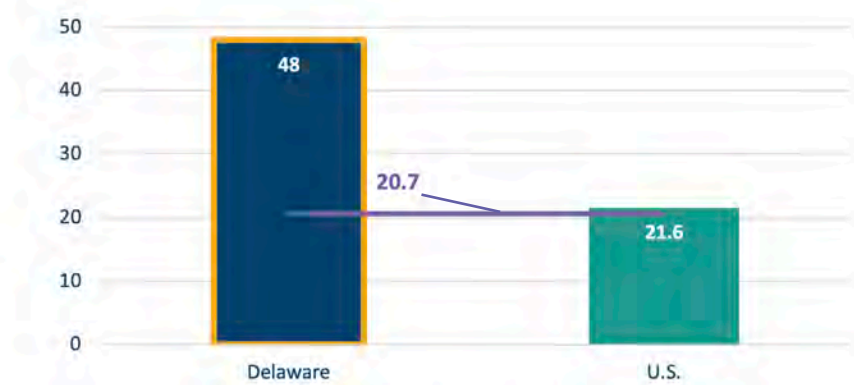


Delaware youth are more than four times (26.1%) as likely to report marijuana use, and youth nationwide are more than three times (19.8%) as likely to report marijuana use than the Healthy People 2030 target (5.8%).

Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

The death rate due to drug poisoning in Delaware is more than twice as high (48 per 100,000 people) as Healthy People 2030's goal of reducing drug-induced deaths to 20.7 deaths per 100,000 population. Delaware and the U.S. (21.6 deaths per 100,000 people) do not meet HP2030's goal.

Figure 42. Death Rate Due to Drug Poisoning per 100,000 Population*, Delaware, 2020



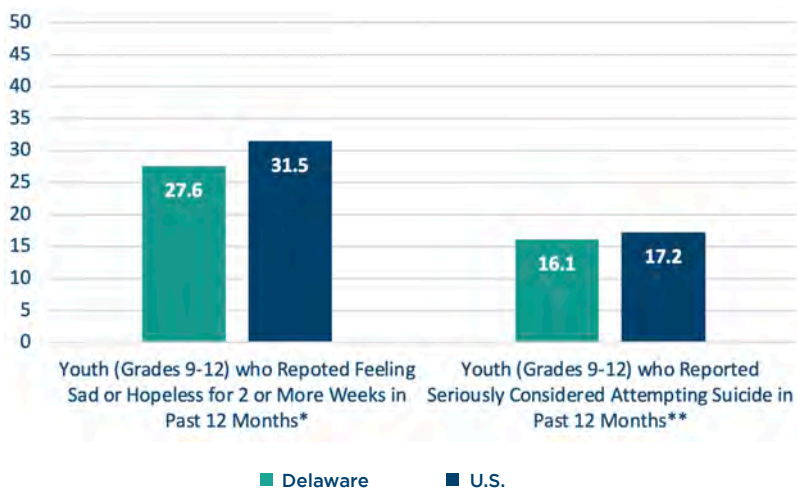
Delaware residents are more than twice as likely to die as a result of drug poisoning (48 deaths per 100,000 people) than individuals nationally.

Source: CDC. WONDER mortality data (2020).

Community members echoed the drug problem in the state, attributing **much of the high crime and violence rates we are seeing in Delaware to drug use and distribution. Education, more accessible addiction services/treatment, and getting control of drug distribution** are among the top approaches suggested addressing these issues.

More than one in every four high school students in Delaware (27.6%) reported feeling sad or hopeless for two or more consecutive weeks over the past year, and approximately 16.1% reported seriously having considered attempting suicide in the past year. While the national percentages are slightly higher (31.5% and 17.2%, respectively), these proportions are still alarming.

Figure 43. Percent of Youth-Reported Feelings of Sadness or Hopelessness and Youth-Reported Suicidal Ideations, Delaware, 2017



Stakeholders emphasized the need for more mental health support/services in locations such as primary care and schools. Meeting families and children/ adolescents where they are creates “easier access” to these needed services in times of crisis.

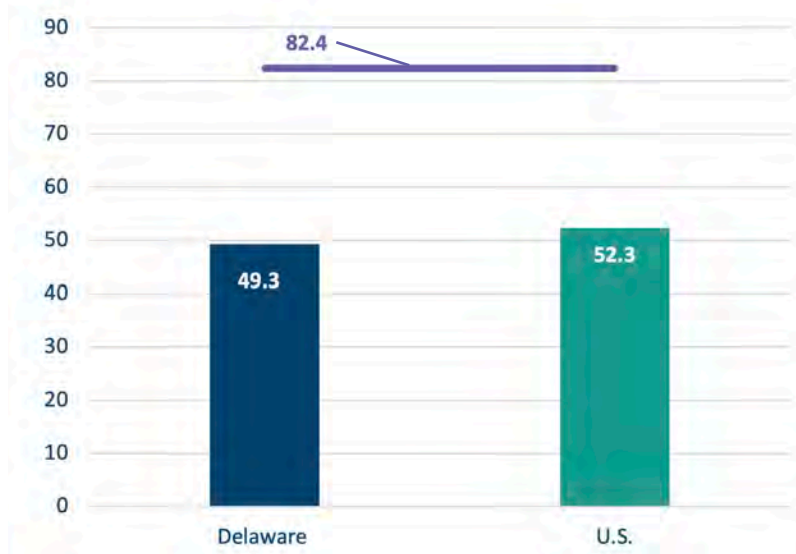
Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

Survey participants across all three counties mentioned issues related to mental health. A lack of resources in terms of affordable mental health care, accessible mental health care (low cost, variety of modalities — phone, telehealth, school), a shortage of mental health professionals practicing in the state (and with specific pediatric focus), extensive wait times (over 6 months is unacceptable), limited choices of providers, and a lack of consistent care over time were specific areas of concern. One community member emphasized the need for increased emphasis on mental health, “just as we do physical health.”

Good mental health is important at every stage of life, from childhood and adolescence through adulthood. Nearly 15% of adults age 18 and older in the city of Wilmington reported their mental health as “not good” for 14 or more days in the past 30 days. This is compared to 11.7% in Delaware overall and 11.9% nationwide.²⁹

Delaware children ages 3-17 are more likely to receive mental/behavioral health treatment when they need it than children nationwide. However, Delaware and the U.S. do not meet the Healthy People 2030 goal of 24.2%. In fact, the national average is more than two times higher (51.4%) than HP2030’s target.

Figure 44. Percent of Children Ages 3-17 Who Needed Mental/Behavioral Health Treatment and Received It, Delaware, 2018



“There’s not nearly enough resources for mental health. And the places that are available are booked out months in advance, so people who really need to see someone can’t be seen for quite some time.”

- Community member

Source: Child and Adolescent Health Measurement Initiative. 2018 National Survey of Children’s Health (NSCH) data query.

INJURY AND TRAUMA

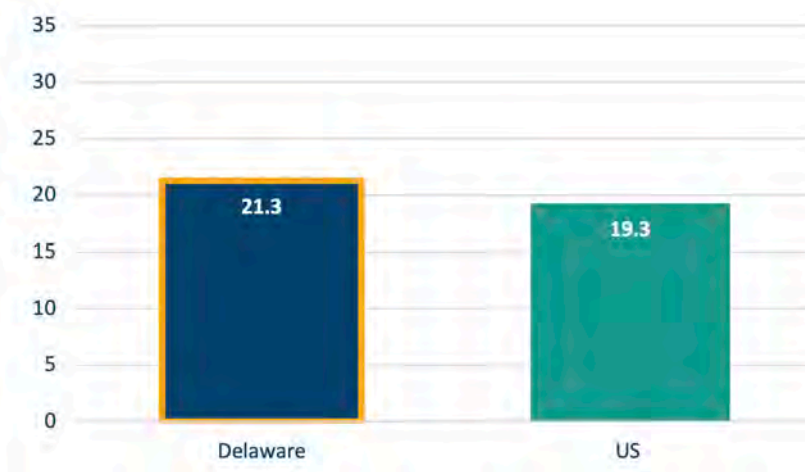
Adverse childhood experiences (ACEs) have been linked with poor mental and physical health in adulthood.³⁰ ACEs are categorized into three groups — abuse, neglect and household challenges. Studies show a relationship between ACEs and negative health and well-being outcomes across the lifespan. The greater the trauma experienced, the poorer the health outcome. As the number of ACEs increases, so does the risk of health problems.³¹ In Delaware, children ages 0-17 are more likely to experience two or more ACEs (21.3%), than children nationwide (19.3%).

²⁹ “State Health Needs Assessment”, The Delaware Public Health Institute, DHSS Division of Public Health, 2017, <https://dhss.delaware.gov/dhss/dph/files/shna.pdf>

³⁰ Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.*1998;14(4):245-25. “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults,” *American Journal of Preventive Medicine*, 1998, Volume 14, pages 245-258.

³¹ “About the CDC - Kaiser ACE Study,” Centers for Disease Control and Prevention, accessed August 2, 2022, <https://www.cdc.gov/violenceprevention/acestudy/about.html>.

Figure 45: Percent of Children Ages 0-17 Having Experienced Two or More Adverse Childhood Events,* Delaware, 2017



Community members voiced concerns over trauma efforts in Delaware stating, “victims of trauma with criminal records [should be] given different opportunities for reform,” and “[We need] trauma training in our schools and community, and holistic care for families who experience trauma.”

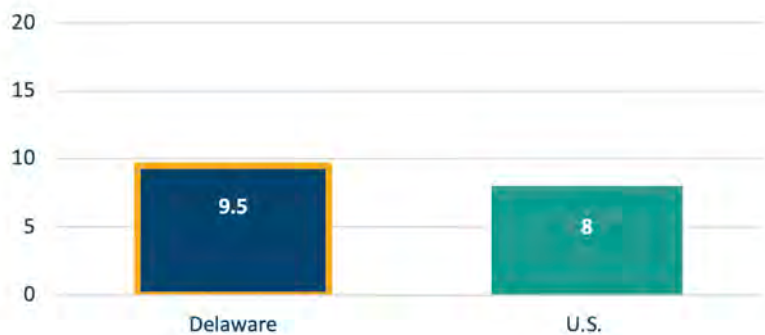
Source: Child and Adolescent Health Measurement Initiative. 2017 National Survey of Children’s Health (NSCH) data query.

*2 or more ACEs: Percent of children 0-17 having experienced two or more adverse childhood experiences out of a list of nine. Nine ACE items: hard to get by on family’s income (ACE1), parent or guardian divorced or separated (ACE3), parent or guardian died (ACE4), parent or guardian served time in jail (ACE5), saw or heard parents or adults slap, hit, kick punch one another in the home (ACE6), was a victim of violence or witnessed violence in neighborhood (ACE7), lived with anyone who was mentally ill, suicidal, or severely depressed (ACE8), lived with anyone who had a problem with alcohol or drugs (ACE9), and treated or judged unfairly due to race/ethnicity (ACE 10).

Trauma across the lifespan, including violence, can have negative effects on physical and mental health, including depression, eating disorders and suicidal thoughts.³²

Nearly one in 10 high school students in Delaware reported experiencing physical dating violence in the past 12 months. This is compared to 8% nationwide.

Figure 46. Percent of Youth Grades 9-12 Who Experienced Physical Dating Violence* in the Previous 12 Months, Delaware, 2017



Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

*Experienced physical dating violence: being physically hurt on purpose (counting such things as being hit, slammed into something, or injured with an object or weapon) by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey).

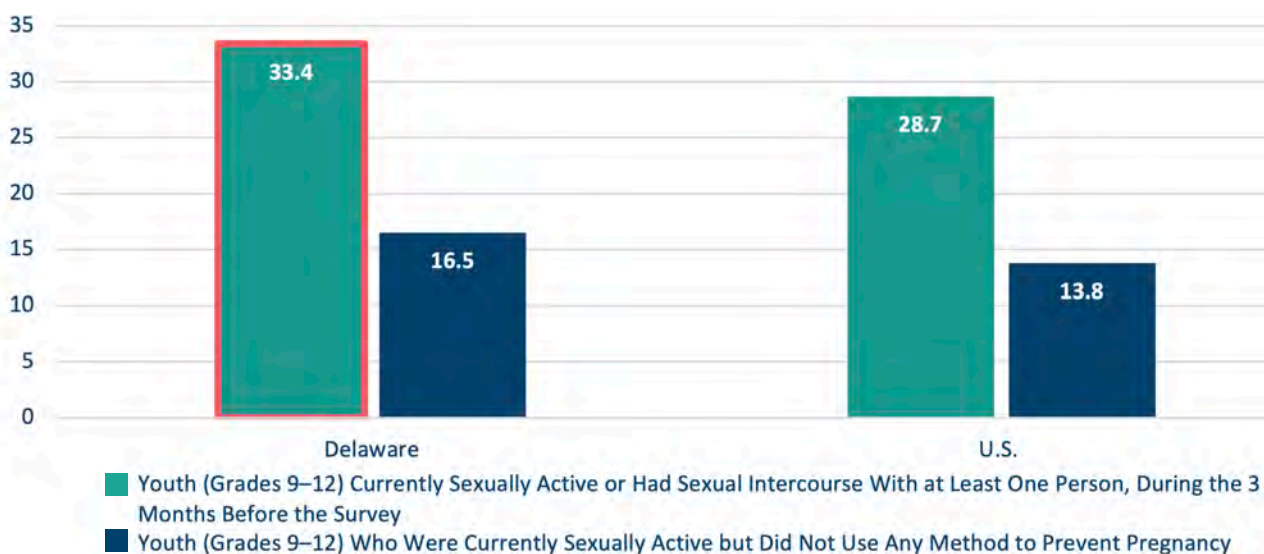
³² “Dating Violence and Adolescents,” U.S. Department of Health and Human Services, accessed August 2, 2022 <https://www.hhs.gov/ash/oah/adolescent-development/healthy-relationships/dating-violence/index.html>.

SEXUAL AND REPRODUCTIVE HEALTH

Improving sexual and reproductive health is crucial to eliminating health disparities, reducing rates of infectious diseases and infertility, and increasing educational attainment, career opportunities and financial stability.³³

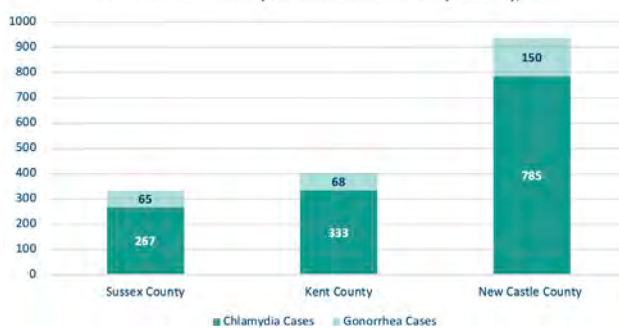
Approximately one in three (33.4%) high school students in the state of Delaware are sexually active, which is significantly higher ($p \leq 0.03$) than the national average (28.7%). Of those Delaware teens who are sexually active, one in 6 (16.5%) did not use contraception.

Figure 47. Percent Sexually Active and Birth Control Use in Youth Grades 9–12, Delaware, 2017



Source: CDC. Youth Risk Behavior Surveillance System. Compare State and National Results (DE to U.S. 2017).

Figure 48. Cases of Chlamydia and Gonorrhea for 15–19 Year Olds by County, Delaware, 2021



New Castle County had the highest number of teen cases of chlamydia (785) and gonorrhea (150), followed by Kent County has the highest gonorrhea incidence (218.2 per 100,000 population). Sussex County has the lowest incidence of both sexually transmitted infections when compared to the other counties.

Source: Delaware Department of Health and Social Services. Division of Public Health, 2021.

“[We need] a state-funded health facility for youth to provide access to sexual/reproductive health and education.” - Community member

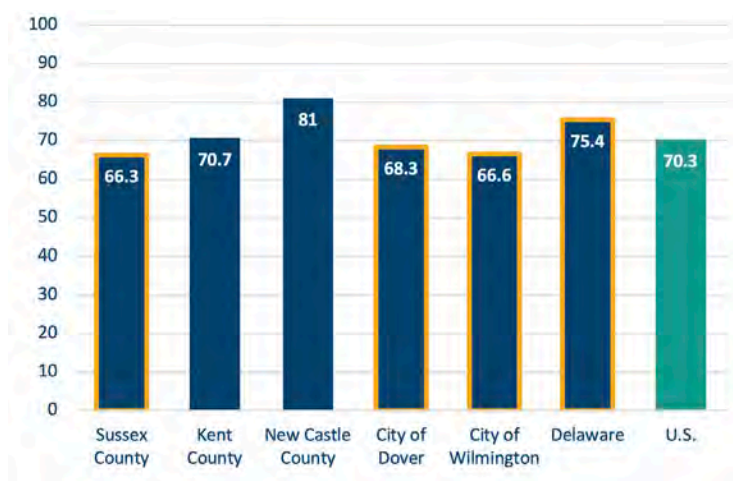
³³ “Reproductive and Sexual Health,” Healthy People 2020, accessed August 30, 2019, <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Reproductive-and-Sexual-Health>.

RESOURCES/SUPPORT

Reliable Internet

Digital technologies are an important means of gaining access to SDOH such as employment, housing, education and social networks. Their role in providing health care services in the form of connected health tools (e.g., telehealth services, patient portals to electronic health records, remote monitors, and mobile apps) is also growing. However, their impact on health at the population level can be limited by the lack of affordable internet connectivity and the underlying “digital divide.”

Figure 49. Percent of Households With a Broadband Internet Subscription Such as Cable, Fiber Optic or DSL* by County, City of Dover and City of Wilmington, Delaware, 2016–2021



Source: :U.S. Census Bureau. American Community Survey, 2016-2021.

According to community survey participants across all geographic focus areas, **affordability** is the biggest barrier to reliable, universal internet coverage. Assistance should primarily focus on low-income families and households with children or parents in school first.

New Castle County has the highest proportion of households with a broadband subscription (81%), followed by Kent County (70.7%), city of Dover (68.3%), city of Wilmington (66.6%) and Sussex County (66.3%).

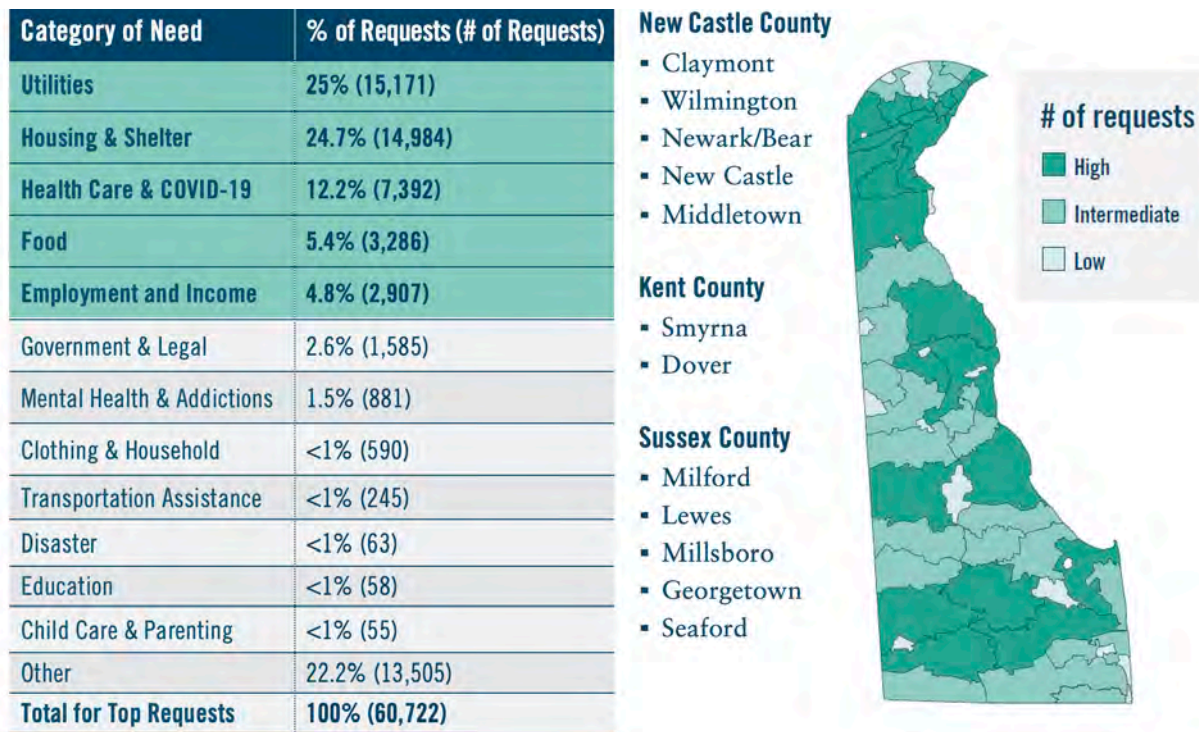
Ninety percent of survey respondents answered that they do have a reliable internet connection. Nearly 1 in 5 (18.3%) online survey respondents reported using another source of internet other than a home network to complete the survey, which includes internet at work or school, free public WIFI, internet from a family member, friend, or neighbor, or another source. The majority of survey respondents use a cell phone or handheld device (not tablet) most when accessing the internet (68%). The next most common answer was “computer” at 19%. Most survey respondents without reliable internet cited cost as the main reason for lack of access. Community members were asked the best way to make reliable internet available for all. The following themes emerged:

- Lower costs and hidden fees
- Free for all
- Free for low income or base cost on income
- Free internet for a limited time per day/per person
- Free for families with children or parents who attend school
- Free during the school year
- Government assisted/subsidized internet/hotspots
- Reliable infrastructure/more towers in low coverage areas

2-1-1

The majority of Delawareans who use the 2-1-1 hotline are interested in resources for utilities (25% or 15,171 people). Housing and shelter (24.7%), health care and COVID-19 (12.2%), food (5.4%) and employment and income (4.8%) make up the top five. It should be noted, however, that the “other” category constituted 35% of all requests to Delaware 2-1-1.

Figure 50. Percent of Calls to Delaware 2-1-1 by Category of Need, Delaware, 2021.



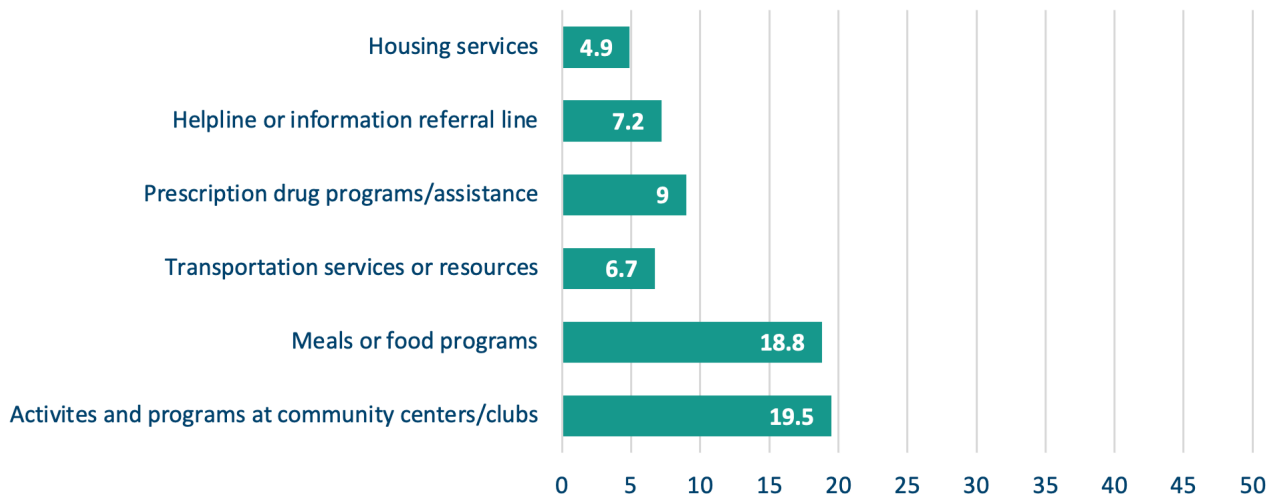
Source: 2-1-1 Counts, Delaware. Jan 1, 2021 to Dec 31, 2021, <https://de.211counts.org>.

Education, childcare and parenting, and disaster accounted for less than 1% of requests. Transportation assistance (1.2%), clothing and household (1.2%) and employment and income (1.9%) were among the other low-volume categories. Mental health and addiction services fell just short of the top five at 3.0% or 1,546 people.

Other Resources/Assistance

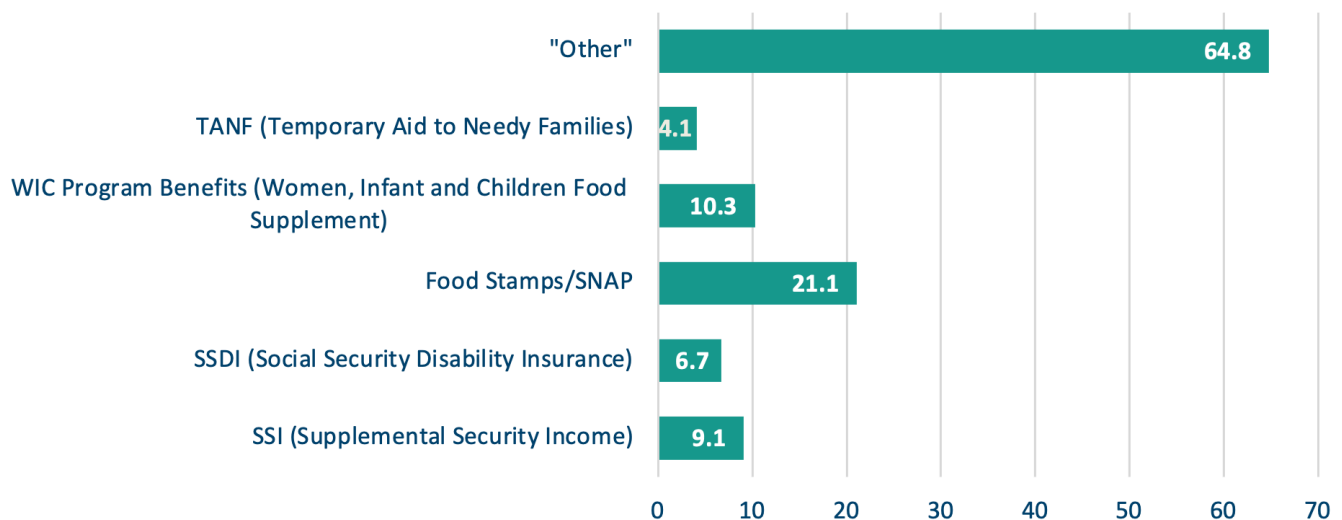
The majority of CHNA community survey respondents utilized public resources in their community centered around activities and programs at community centers/clubs (19.5%), followed by meals or food programs (18.8%) such as home-delivered meals, meals at churches, schools and community centers or emergency food. The services utilized the least often by survey participants across the state were housing services (4.9%) such as energy assistance programs, subsidized housing or home repair programs, followed by transportation services or resources (6.7%) such as Para Transit, medical transportation and public transit discounts.

Figure 51. Percent of Community Member Survey Participants That Used Publicly Available Resources in the Past Year by Type, Delaware, 2022



Over 3 in 5 (64.8%) CHNA community survey respondents reported receiving some “other” type of assistance than the choices available. When specifying what that assistance was, most participants answered Medicaid/Medical, Social Security, Child Support, VA disability, or pandemic-related relief. The next most common answer among survey respondents was Food Stamps (known as SNAP or the Supplemental Nutrition Assistance Program) at 21.1%, followed by WIC at 10.3%. The assistance categories reported least were TANF (4.1%) and SSDI (6.7%).

Figure 52. Percent of Community Member Survey Participants With a Household Member Currently Receiving Government Assistance by Type, Delaware, 2022



Coverage/Assistance for Undocumented Families

In recent years, restrictive immigration policies, such as expansions to the public charge rule, have led many immigrant families to avoid safety net programs. Although it has been established that those expansions are no longer in effect, confusion and misinformation around whether use of safety net programs could impact applicants' future immigration prospects has continued to deter immigrant families from accessing the benefits. In addition, effects of the pandemic have been disproportionate to families of color. Overrepresentation in low-wage and essential industries increased immigrant families' risk of exposure to the virus, and lower rates of health insurance coverage among noncitizens increased their potential health and economic uncertainty.³⁴

Despite these glaring realities, more research is needed to understand which specific messages resonate with immigrant families. Stakeholders received a subset grouping of questions around these issues that was not included in the survey that went out to the larger community. Polling community leaders around key assistance programs, and the best avenues to spread awareness of these programs to undocumented families in their communities, provided us with a unique perspective into opportunities that exist to reduce the stigma and burden around safety net programs that help families meet basic needs and overcome health and economic inequality.

60%	of stakeholders were unaware that undocumented people/families are eligible for WIC* benefits in Delaware.
27%	of stakeholders report that they know an undocumented person/family living in the area that does not know they are eligible for WIC.
According to stakeholders, the best way to connect undocumented individuals/families to benefits like WIC is via primary care offices, community organizations, TV and newspaper ads/notifications (in Spanish), and word of mouth.	

**The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, health care referrals, and nutritional education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.*

³⁴ "How Federal and State Leaders Can Reach Immigrants and Build Their Trust in the Safety Net," Urban Institute, 2021, accessed September 8, 2022, <https://www.urban.org/urban-wire/how-federal-and-state-leaders-can-reach-immigrants-and-build-their-trust-safety-net>



Cover All Delaware Children Act

Approximately 5,000 Delaware children lack access to medical coverage due to their immigration status. For these children, a simple trip to the doctor for an illness or to get vaccinated is not a financially viable option.³⁵

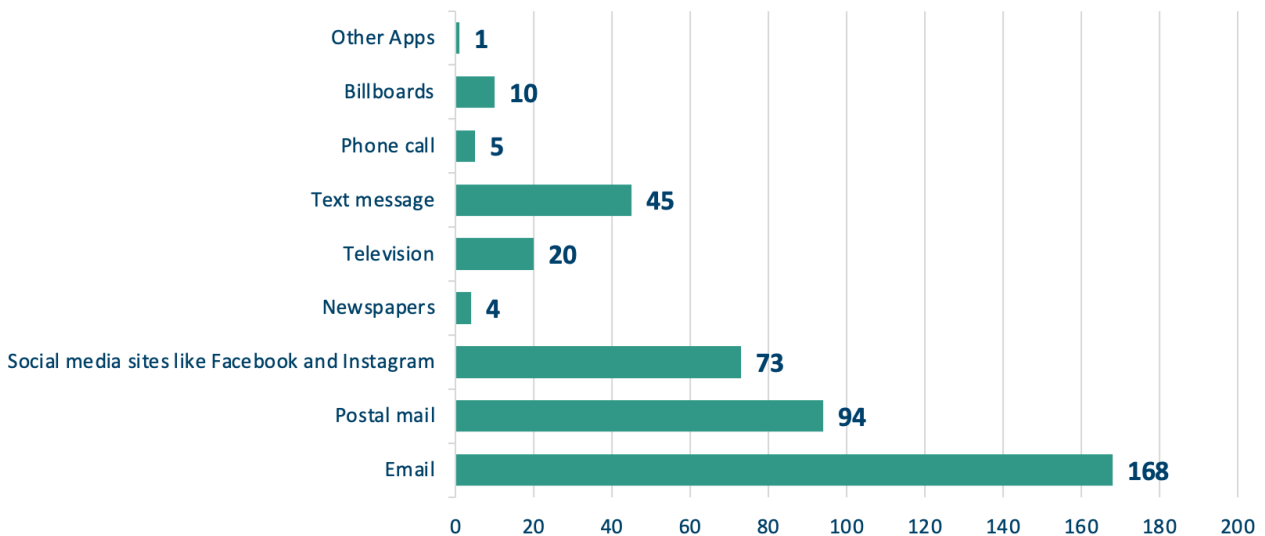
House Bill 317 or the “Cover All Delaware Children Act” was introduced in February of 2022 and directs the Department of Health and Social Services to develop and operate a medical coverage program for children in Delaware who are not otherwise covered, including children who are not documented.³⁶ This bill was supported by a community of advocates, along with Nemours Children’s, and may be revisited in upcoming sessions.

EDUCATION/PREFERENCE

Strategies for communicating and disseminating credible health and social services information in a way that community members prefer and understand are essential to expanding the reach and improving outcomes. Meeting patient populations where they are is a key step to tailoring educational resources and information more effectively. Looking at this information by age, race, gender and geographic location is also recommended in campaigns that are targeted to specific groups — however, more robust data collection would be required to draw accurate conclusions in those aggregate groups.

Overall, the majority of CHNA community survey respondents prefer to receive information about health and social services available in their community via email (n=168), followed by postal mail (n=94), and on social media sites like Facebook and Instagram (n=73). Newspapers (n=4) and phone calls (n=5) are preferred the least by this group.

Figure 53. Number of Community Member Survey Participants With a Preference When Receiving Information About Health and Social Services Available by Type, Delaware, 2022



³⁵ “Bill to give undocumented kids free health insurance moves forward”, Town Square Live, 2022, accessed September 8, 2022, <https://townsquaredelaware.com/bill-to-give-undocumented-children-free-health-insurance-moves-forward/>

³⁶ Delaware HB317, “An Act to amend Title 31 of the Delaware Code relating to medical coverage for all children,” TrackBill, accessed September 8, 2022, <https://trackbill.com/bill/delaware-house-bill-317-an-act-to-amend-title-31-of-the-delaware-code-relating-to-medical-coverage-for-all-delaware-children/2224755/>

Prioritization Process and Recommendations

CHARACTERISTICS OF A HEALTHY COMMUNITY

We asked community members what they believe the two most important characteristics of a healthy community are. “Healthcare/Healthcare” was mentioned the most across all responses (n=283), followed by “Housing/Homes/Households” (n=145). Answers including “economy” were observed in 62 responses, followed by “food/nutrition” a total of 56 times. Other notable themes include responses with the words/phrases “Education/School” (n=40), “Environment/Space” (n=29), Neighborhood/Community” (n=27), “Transportation” (n=20), and “Employment/Jobs” (n=9).

Responses were open-ended, creating common themes around phrases and ideas reflective of a healthy community model. These are outlined below:



<p>SAFE</p> <ul style="list-style-type: none"> Communities/neighborhoods Schools Homes (mental/physical) 	<p>ACCESSIBLE</p> <ul style="list-style-type: none"> Health care Nutrition/food Schools (good, quality)
<p>AFFORDABLE</p> <ul style="list-style-type: none"> Health care/medicine Housing Food 	<p>CLEAN</p> <ul style="list-style-type: none"> Water Environment Air
<p>HEALTHY</p> <ul style="list-style-type: none"> Housing Economy Food 	<p>QUALITY</p> <ul style="list-style-type: none"> Services Education Care/providers

PRIORITIZATION

Stakeholders and community members then ranked their top three needs when thinking about the health of children, teens and adolescents in their household and their community. Participant feedback was aggregated to compile the prioritization list for Delaware. This is now the second iteration that Health Care, Access, Behaviors and Outcomes are ranked separately from SDoH. This is intentional in order to focus on a more comprehensive model - with SDoH being recognized as the root causes of unhealthy behaviors, poor healthcare access and poor health outcomes. In doing this, we continue to remain dedicated to treating symptoms and diseases while also shifting focus to further upstream strategies. The results are summarized in the table below:

Ranking	Health Care Access, Behaviors, Outcomes	Totals (n = 537)	Social Determinants of Health	Totals (n = 536)
1	Access to Mental Health Care	297	Youth Activities and Opportunities	226
2	Mental Health/Trauma	206	Affordable Healthy Homes	180
3	Access to Medical Health Providers	188	Community Crime or Violence	174
4	Access to Dentists	142	Education	163
5	Substance Use/Misuse	125	Economic Development/Jobs	154
6	Not Enough Assistance/Resources to Health With Basic Needs	122	Environment/Air Quality	151
7	Nutrition	101	Transportation	122
8	Sexual/Reproductive Health	58	Food Insecurity	105
9	Asthma/Other Respiratory Conditions	51	Lack of Access to Affordable/Reliable Internet	37
10	Access to necessary prescriptions/medical devices/therapies (too expensive)	41		
11	Lead Poisoning/Unhealthy Lead Levels	8		

RECOMMENDATIONS

Senior leaders at Nemours Children’s examined this information in conjunction with the primary and secondary data to identify the top two focus areas that will be incorporated into our health system’s 2019 implementation plan to continue to provide optimal care for the children of Delaware. Our leadership considered the magnitude and severity of issues, the impact of these issues on the most vulnerable populations, resources available, areas in which we should be partnering with other key stakeholders and the feasibility of addressing these issues over the next three years.

For this evaluation and planning period, we also considered data we received from our Social Determinants of Health Screening tool. This is in alignment with the 2020-2022 CHNA Implementation plan, which includes a specific goal around the use of SDoH screening tool data to inform strategy and recommendations in future iterations. To date, we have collected screening results from more than 54,000 patients. According to the most recent results, 13.1% of those screened indicated a need in one or more areas, and of those, 34.3% indicated that they would like support and resources. Additionally, our data tells us that food insecurity has been in the top three of all identified needs over the past year. Based on this information, coupled with food insecurity falling within the top ten community-identified SDoH needs in our 2022 CHNA, Nemours Children’s, together with Delaware Valley Leadership (DVL) and the Board of Managers (BOM), decided to incorporate food insecurity into the implementation plan for 2023-2025.

The final top two areas chosen were:

1. Violence Prevention
2. Food Insecurity

We will take into consideration the prioritized needs, resources available, feasibility and the effectiveness of possible interventions to create the Nemours Children’s 2023-2025 Implementation Plan.



Evaluation and Progress From 2019 CHNA and 2020-2022 Implementation Plan

MENTAL HEALTH

The Nemours Children's CHNA mental health work group, composed of experts in the field, focused on how to address the increased needs of children in the community in the most meaningful way. The following five points surfaced during meetings and subsequent research and shaped our CHNA interventions in this area:

- Both the CHNA and national surveys identify a gap between the number of children in need of mental/behavioral health care and the number who receive treatment.
- It is evident that not only are behavioral health care services lacking, but also culturally and linguistically appropriate services.
- Transportation for patients who require immediate transport to an acute psychiatric facility is lacking.
- Caregivers are often not aware of and lack knowledge about post-traumatic stress disorder (PTSD) and childhood trauma.
- CHNA participants and survey data show that mental health resources are lacking in our downstate community, particularly Sussex County.

These five points reflect a systemic problem not unique to our community. The nationwide shortage of mental health professionals is well documented, and pediatric specialists are in especially short supply. Reversing this trend will require a long-term solution, and the rising numbers of children who need care cannot wait. To address the needs of children in our community rapidly and effectively, we must increase access to these services and educate caregivers on childhood trauma.

I. ACCESS TO APPROPRIATE AND EFFECTIVE BEHAVIORAL HEALTH CARE

Initiative

- Enhance workforce development by increasing provider knowledge of evidence-based diagnosis and treatment, including medication protocols.

Goals

- Increase patient and family awareness of telehealth services as an option for behavioral health by developing and implementing at least two new avenues to disseminate the information by the end of Y3 (December 31, 2022).

Metrics

- # of behavioral health encounters that use telehealth by county (to be used for informational purposes only – no target)
 - In 2021, there were 3,515 behavioral health encounters via telehealth. County data includes the following: 2,182 behavioral health encounters in New Castle County, 593 in Kent County, and 740 in Sussex County. There are a total of 48,036 behavioral health encounters via telehealth in Y1 and Y2.
- # of new avenues for information dissemination of telehealth options for behavioral health care
 - Given the increase in the delivery of telehealth visits due to the COVID-19 pandemic, this metric has become irrelevant and will be removed going forward.

Initiative

- Increase access to appropriate and effective behavioral health care by providing culturally and linguistically appropriate services (CLAS) to all patients and families.

Goals

- Increase the occurrence of behavioral health visits that offer a live interpreter to families who report English as a second language by the end of Y3 (December 31, 2022).
- Increase the occurrence of behavioral health visits that offer a bilingual provider to Spanish-speaking families by the end of Y3 (December 31, 2022).

Metrics

- # of patient encounters with Spanish-speaking families
 - In 2021, there were 1,837 new encounters with Spanish-speaking families (3,355 total encounters in Y1 and Y2).

 - # of patient encounters that use a live interpreter
 - In 2021, 0 new encounters used a live interpreter (42 total live interpreter encounters in Y1 and Y2).

 - # of patient encounters that use an iPad interpreter
 - In 2021, 1,752 encounters used an iPad interpreter (2,065 total iPad interpreter encounters in Y1 and Y2).

 - # of patient encounters that use a bilingual provider
 - In 2021, 849 encounters used a bilingual provider. Of note, Q4 of Y2 is the first quarter to demonstrate more visits with a bilingual provider than an iPad interpreter (with 306 total and 219 total, respectively). Total bilingual provider use in Y1 and Y2 is 1,644.

 - # of patients who report English as a second language
 - In 2020, 1,736 patients reported English as a second language. This was derived from the number of visits requiring an interpreter.
-

Initiative

- Standardize the transport tracking system to effectively identify disparities in cases that require timely transport to an acute psychiatric facility.

Goals

- Develop a reliable method for standardized transport tracking to critical behavioral health care by the end of Y1 (December 31, 2020).
- Roll out the reliable method by the end of Y2, Q1 (March 31, 2021).
- Collect one year of transport tracking data from Y2, Q2 through Y3, Q2. (April 1, 2021–March 31, 2022).
- Develop and finalize recommendations for improvement of the transport system for patients who require timely transport to acute psychiatric care by the end of Y3 (December 31, 2022).

Metrics

- Final approval of reliable method for standardized transport tracking
 - In 2020, we received final approval for the reliable method for standardizing transport tracking. The ambulatory tracking tool was implemented in Q4, and the emergency room tracking tool will go live in Q1 2021. Five ambulatory means of transport were documented in Q4 2020. This goal has been met.

- # of quarterly transport tracking reports (n=4)
 - In Q4 2020, the first quarterly tracking report was generated.
 - In 2021, quarterly tracking reports were produced in all 4 quarters, meeting the target total of 4. Those reports detailed 96 inpatient means of transport, and 7 outpatient means of transport for the year.

- Final draft of recommendation report for the improvement of the transport system for patients who require timely transport to acute psychiatric care
 - This metric will be reported on in Y3.

II. KNOWLEDGE AND AWARENESS OF CHILDHOOD TRAUMA

Initiative

- Increase knowledge and awareness of post-traumatic stress disorder (PTSD) to improve outcomes in patients with PTSD symptomatology through the development and implementation of a psychoeducation program for caregivers.

Goals

- Finalize a psychoeducation program for caregivers by the end of Q3 Y2 (September 30, 2021). This goal was extended from the end of Y1 (December 31, 2020). We continue to monitor adjustments to progress as we navigate the COVID-19 landscape.
- Increase caregiver enrollment in psychoeducation groups by the end of Y3 (December 31, 2022).
- Increase assessment scores of program cohorts from pre to post.

Metrics

- Final approval from behavioral health leadership of the psychoeducation program plan and documentation
 - **There continue to be challenges with this goal due to the nature of the rollout and COVID-19 delaying the process. Despite barriers, there has been significant progress in 2021. In Q1, a focus group was identified, including professionals from a wide range of specialties that serve youth and families who have experienced trauma. In Q2, a final draft of the psychoeducation program was shared with the focus group. By Q4, 75% of the curriculum was finalized and a meeting with the focus group has been scheduled to review the remaining content. Anticipated to be complete by Q1 Y3.**

.....

- # of participating caregivers pre/post in each cohort
 - **This metric will be reported on in Y3.**

.....

- # of psychoeducation program cohorts who had a statistically significant increase in pre/post assessment scores
 - **This metric will be reported on in Y3.**

Initiative

- Increase caregiver access to, and consumption of, education related to childhood trauma through the development and dissemination of an educational video on evidence-based practices (EBPs) on the KidsCope webpage on Nemours.org.

Goals

- Produce and publish at least one educational video that includes content on EBPs for caregivers of children who experience/experienced trauma on the KidsCope webpage on Nemours.org by the end of Y2, Q2 (June 30, 2021).
- Increase caregiver access to education related to childhood trauma from Y2 to Y3.
- Increase caregiver consumption of educational information related to childhood trauma from Y2 to Y3.

Metrics

- Final published video on the KidsCope webpage
 - **Scripts for the KidsCope webpage video have been developed and reviewed, and feedback has been submitted for the development of videos.**
 - **In 2021, the video was completed in Q2, and posted on the KidsCope webpage in Q4. A QR code was generated for promotional/educational material and included in the smartphrase for new trauma consult referrals. This goal has been met.**

-
- # of hits to the KidsCope webpage that houses the education video(s) on childhood trauma via Nemours.org
 - **This metric will be reported on in Y3.**

-
- # of views of the educational video(s) on childhood trauma accessed via the KidsCope webpage on Nemours.org
 - **This metric will be reported on in Y3.**
-

ADDITIONAL INVESTMENTS IN MENTAL HEALTH AND TRAUMA-INFORMED CARE

As part of our commitment to children with behavioral health needs in the region, we offer or plan to offer:

- An embedded **social work team** at Nemours Children's, Delaware to provide professional support, intervention and referral for patients and families in a variety of situations, including children who are newly diagnosed with a serious health condition (autism, cancer, CF, CP, sickle cell, transplant, etc.) or living with these conditions on a chronic basis; children with an acute mental health crisis (suicidal, aggressive behavior, substance abuse, overdose); children suffering from trauma/critical injury; and children and families facing death.
- The Department of Child Life offers **creative arts therapy and school programs** to help patients and their families cope with medical experiences. Our team of certified Child Life specialists promotes the use of play, preparation, education and self-expression activities as a way to normalize the hospital experience.
- **Adolescent (ages 12 and older) depression screening** at all well-visits. Patients with a positive screen who are referred to psychology services are placed on a registry and receive follow-up from a care coordinator to ensure access to services.
- **Behavioral health services in primary care settings** in Pennsylvania and Delaware. This model, in which a psychologist is embedded in the primary care clinic, is termed "integrated care."
- **Psychologists with a specialty in trauma** on the behavioral health team. To date, four trauma-focused psychologists have joined since 2018.
- **Expansion of behavioral health services** in Delaware, focusing on evidence-based care for children and adolescents with trauma, depression, anxiety and ADHD, as well as other issues.
- The **Swank Autism Center**, a dedicated space for behavioral and developmental health services. Designed in partnership with families, the center houses clinical specialists and features special therapy areas for eating and toileting, a family resources room, a variety of sensory-friendly waiting areas, observation galleries, a conference room for community collaboration, and an education suite for residents and fellows training in these specialties.
- **Integrated trauma approaches** into forensic work with victims of child abuse and violence seen in the emergency room.
- Under the Healthy Tomorrows grant, the Nemours Children's **VBSO** is educating 20 primary care practices (Nemours Children's and community-based providers) across the Delaware Valley to become trauma-informed medical homes, addressing mental health in adult caregivers, and establishing connections with community-based resource providers. The training for primary care sites has been developed/piloted and implementation is scheduled for 2022.
- The development and pilot of an **employee-based trauma-informed de-escalation principles training** across Nemours Children's Health, Delaware Valley. Plans are underway to expand implementation of the staff training more broadly.
- **Expansion of the Healthy Steps program** to southern Delaware. This evidence-based program is a team-based pediatric primary care model that promotes the health, well-being and school readiness of babies and toddlers from newborns to age 3, with an emphasis on families living in low-income communities. Our goal is to increase awareness of, and access to, critical early intervention and/or mental health services to improve youth development and resiliency. We currently offer the Healthy Steps program at our Jessup Street location in New Castle County. Expansion efforts will increase access to patients/families seen at our Seaford location in Sussex County.

SOCIAL DETERMINANTS OF HEALTH

Understanding the relationship between how populations experience conditions (e.g., social, economic and physical) in differing environments and settings (e.g., school, church, workplace and neighborhood) and the impact those conditions have on health is fundamental to the SDOH framework — including both social and physical determinants. Healthy People 2020 developed five key areas of SDOH as a guiding framework (Figure 1). Each of these five areas represents several factors that impact a range of health risks and outcomes including, but not limited to:

- Socioeconomic conditions
- Food insecurity
- Transportation
- Air quality and exposure to toxins
- Housing and community design
- Quality of education and job training
- Access to educational, economic and occupational opportunities
- Availability of community-based resources
- Social support and relationships
- Access to mass media and emerging technologies
- Language/literacy
- Exposure to crime, violence and social disorder
- Public safety and stability
- Access to services

VBSO team members, along with collaborators from the Office of Health Equity and Inclusion, and operations areas across our health care system, are focused on developing and implementing a standardized SDOH screening tool to gather information on nonmedical patient needs across our health care system and ultimately inform potential interventions that address them. The goal of the tool is to assess areas known to be critical to patient success and healthy living, but often overlooked in the health care visit. The pilot project consisted of identifying those currently engaged in addressing patients' social needs; identifying the domains of interest for a screening tool; selecting the questions; administering 400 screenings (in English or Spanish) to patients in a variety of settings (emergency, specialty clinic, primary care and PICU); and conducting analysis on the results.

III. SOCIAL DETERMINANTS OF HEALTH SCREENING

Initiative

- Develop and implement a systemwide SDOH screener to inform strategy and intervention.

Goals

- Complete the pilot of the SDOH assessment tool in a minimum of five new pilot sites (combination of primary and specialty care) throughout the our health care system by the end of Y1 (December 31, 2020).
- Use information gathered from the pilot sites to finalize a timeline, standardized workflow and optimal staffing levels by the end of Y2, Q2 (June 30, 2021).
- Finalize plan that defines scale for the implementation of the SDOH screener systemwide by the end of Y2, Q4 (December 31, 2021).
- Analyze the data and identify at least three potential interventions to address findings by the end of Y3 (December 31, 2022).

Metrics

- # of sites that have completed the SDOH screening pilot (count to include primary care and specialty care in one sum)
 - - In 2020, twelve sites completed the SDOH screening pilot. This goal has been met.
-
- optimal staffing levels
 - In 2020, final approval from Delaware Valley primary care leadership (within VBSO) of documentation detailing a timeline, standardized workflow and optimal staffing was received. In Q4, staff developed a comprehensive training on the SDOH screening process and standardized workflows and delivered it to 20 pediatric primary care sites throughout Nemours Children’s Health, Delaware Valley. Supplemental materials to support the effort were finalized and included updates to the edited screening tool. The tool was translated into six different languages, and additional system enhancements were made to improve efficiency. A focus was placed on the Care Coordination role, as this role has been identified to address patient/family social determinant needs.
 - In Q1 of 2021, we fully launched a 14-question SDOH screening tool in all 20 of its Delaware Valley primary care sites. In the remainder of 2021, we continued to refine the implementation of this SDOH screening tool. Additional staff training took place and updates resulting from user feedback were incorporated into the process. This goal has been met.

- Final approval from VBSO leadership of the proposed plan for scaling the SDOH screener across our health care system.
 - In 2020, the SDOH screener was deployed to all Delaware Valley primary care sites. The next phase of deployment is under development, and several ambulatory departments have expressed interest in participating in the process. The goal is to begin working with those locations to identify workflows and escalation tiers into Q2 2021 and to begin implementation before the end of 2021 pending VBSO leadership approval.
 - In 2021, with the successful launch in Delaware Valley primary care, the SDOH implementation team moved forward toward implementation in other areas of Nemours Children's. In Q1, informational sessions were held with leadership from Florida primary care plus ambulatory and inpatient units in both Delaware and Florida. Staff determined that the next phase of implementation would be in Florida primary care sites. In Q2, steps to begin implementation in Delaware inpatient units were underway. Key stakeholders were engaged to identify the appropriate workflows and build the requirements necessary to move forward. In Q3, planning began on workflow development and protocols necessary to begin implementation in an inpatient setting, with the goal to use the information to guide the electronic medical records build required to support the project. By Q4, planning continued and efforts are now underway to begin pilots to test workflows and the infrastructure build.
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- # of potential interventions to address findings
 - As data becomes available in 2022, it will be used to identify top needs and assist leadership in making informed decisions about appropriate interventions. We will continue to solidify partnerships with external community service agencies to enhance staff knowledge of local resources and define streamlined pathways to services.
 - As of December 31, 2021, over 34,500 SDOH screenings have been administered to patients/families in primary care. At the close of 2021, 38.3% of the patient population had been offered a screen. This data is now under review to develop interventions that address findings.
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OTHER SOCIAL DETERMINANTS OF HEALTH INITIATIVES

As part of our commitment to the health and well-being of children and the social determinants that impact their quality of life beyond our doors, we offer:

- The Nemours Children's Medical Neighborhood initiative is designed to develop consistently documented profiles of each practice, its structure, and patient and neighborhood population demographics — ultimately integrating both assets and needs. Members of the VBSO, primary care practices and data analytics teams designed and completed data collection for all 12 primary care practices in Delaware. These and other data sources will help inform decision making to help us fine tune local efforts to improve total health.

As part of promoting optimal health and well-being for all children nationally, **Nemours National Office of Policy and Prevention** acts as a catalyst for accelerating pediatric population health improvement and health system transformation. As such, the National Office offers or plans to offer:

- Advocacy for federal policy change. Together with stakeholders across our health care system and the country, we identify, promote and grow innovative solutions to advance pediatric clinical care, research and community-based prevention interventions. Examples include:
 - Working with Congress and the administration on **policy and legislation related to SDOH, research and telehealth** — with a focus on improving access to care, advancing medical innovation, and addressing the health and social needs of children and families.
 - Leveraging the **National Office's Medicaid expertise to support state Medicaid agencies** in developing and implementing strategies for investing in prevention (addressing SDOH) to improve population health outcomes for children.
- Increase the spread, scale and sustainability of effective evidence-based or science-informed population health strategies to impact larger numbers of children nationally. Examples include:
 - **Better Together; Healthy Kids, Healthy Future technical assistance project; and Physical Activity Learning Session initiatives.** We provide technical assistance to states and stakeholders within state systems for early care and education (e.g., childcare centers, state training and technical assistance systems) to support developing and implementing program, policy and system changes to improve healthy eating and physical activity among infants and children.
 - Collaboration with VBSO and other departments to spread and scale use of **Navigating the Health Care System**, a Nemours Children's-developed adolescent health literacy curriculum available at no cost to teachers, parents and other presenters nationwide.
- Assistance to our health care system with the anticipation, interpretation and adaptation of changes in health care delivery, payment and pursuit of the Triple Aim (lower costs, improved health and better care). Strategies related to social needs, SDOH, population health, value-based care and payment reform are major components of work in this area. Specific examples include:
 - Facilitation of learning communities, inclusive of Nemours Children's, that support health systems in identifying, learning and testing new strategies related to changes in health care delivery, such as the **Nemours Children's 2020 Integrator Learning Lab.**
 - Convening pediatric experts, providers, payers and policymakers to identify pediatric value-based payment (VBP) and **integrated care delivery models that address SDOH** to develop policy recommendations to further promote transformative value-based payment and integrated care models for children.

Appendix A – Community Resources and Assets

The following represent potential measures and resources (such as programs, organizations and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, rather it outlines those resources identified in the course of conducting this Community Health Needs Assessment.

NEW CASTLE COUNTY

Name	City	Type
Nemours Children’s Hospital, Delaware	Wilmington	Hospital
Christiana Hospital	Newark	Hospital
Delaware Psychiatric Center	New Castle	Hospital
Middletown Emergency Department	Middletown	Hospital
St. Francis Hospital	Wilmington	Hospital
Wilmington Hospital	Wilmington	Hospital
Wilmington VA Medical Center	Wilmington	Hospital
Christiana Care Family Medicine at Claymont Center	Claymont	Community Health Center
Christiana Care Family Medicine at Hockessin Center	Hockessin	Community Health Center
Christiana Care Family Medicine at Middletown	Middletown	Community Health Center
Christiana Care Family Medicine at New Castle Center	New Castle	Community Health Center
Christiana Care Family Medicine at Springside	Newark	Community Health Center
Christiana Care Family Medicine Center at Foulk Road	Wilmington	Community Health Center
Christiana Care Internal Medicine Center at Lancaster Pike	Wilmington	Community Health Center
Christiana Care Limestone Medicine and Pediatrics	Wilmington	Community Health Center
Christiana Care Rockwood Family Medicine Center	Wilmington	Community Health Center
Greenville Medical Center	Greenville	Community Health Center
Healthcare Center at Christiana	Newark	Community Health Center
Henrietta Johnson Medical Center	Wilmington	Community Health Center
Henrietta Johnson Medical Center - Eastside	Wilmington	Community Health Center
Henrietta Johnson Medical Center - Riverside	Wilmington	Community Health Center
Planned Parenthood - Newark	Newark	Community Health Center
Planned Parenthood - Wilmington	Wilmington	Community Health Center
Riverside Medical Arts Complex	Wilmington	Community Health Center
Southbridge Medical Advisory Council, Inc.	Wilmington	Community Health Center
Westside Family Healthcare - Bear/New Castle	Bear	Community Health Center
Westside Family Healthcare - Middletown	Middletown	Community Health Center
Westside Family Healthcare - Newark	Newark	Community Health Center
Westside Family Healthcare - Northeast	Wilmington	Community Health Center
Westside Family Healthcare - Wilmington	Wilmington	Community Health Center
Wilmington Hospital Health Center	Wilmington	Community Health Center
Christiana Care Health Service - Dental	Wilmington	Dental Care

Name	City	Type
Delaware Technical Community College Dental Health Center	Wilmington	Dental Care
Henrietta Johnson Dental Program	Wilmington	Dental Care
Pierre Toussaint Dental Office	Wilmington	Dental Care
Wilmington Hospital Dental Clinic	Wilmington	Dental Clinic
American Red Cross of the Delmarva Region - Community Services Building	Wilmington	Armed Forces Services: Mental Health
Appoquinimink Counseling Services, LLC	Middletown	Mental/Behavioral Health Services: Evaluation and Treatment
Aquila of Delaware	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Brandywine Counseling and Community Services, Alpha Program	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Brandywine Counseling and Community Services, Anchor Program	Wilmington	Mental/Behavioral Health Services: Mental HC Facility/ Evaluation & Treatment/Substance Abuse Services
Brandywine Counseling and Community Services, Anger Management	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Brandywine Counseling and Community Services, Medically Assisted Treatment	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Catholic Charities	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Child, Inc.	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Chimes Delaware	Newark	Mental/Behavioral Health Services: Mental HC Facility
Christiana Care, Rosenblum Adolescent Center	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Claymont Counseling Services	Claymont	Mental/Behavioral Health Services: Support Services
Claymont Treatment Center	Claymont	Mental/Behavioral Health Services: Substance Abuse Services
Community Mental Health Center	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Connections, Integrated Health and Mental Clinic	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services	Newark	Mental/Behavioral Health Services and Substance Abuse
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Delaware Family Center	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Delaware Guidance Services, Counseling Program	Newark	Mental/Behavioral Health Services: Evaluation and Treatment
Delaware Guidance Services, Counseling Program, Wilmington Clinic	Wilmington	Mental/Behavioral Health Services and Substance Abuse

Name	City	Type
Dept. of Correction, Baylor Women's Correctional Intuition Village	New Castle	Mental/Behavioral Health Services and Substance Abuse
Department of Veterans Affairs, Veterans Center	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Division of Prevention & Behavioral Health Services	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Division of Substance Abuse & Mental Health, Delaware Psychiatric Center	New Castle	Mental/Behavioral Health Services: Mental HC Facility
Easter Seals	New Castle	Mental/Behavioral Health Services and Substance Abuse
Gateway Foundation, Adult Residential Program	Delaware	Mental/Behavioral Health Services: Mental HC Facility/ Substance Abuse Services
Gaudenzia, Fresh Start	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Hogar Crea International of Delaware	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Homefront	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Jewish Family Services	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Jewish Family Services	Newark	Mental/Behavioral Health Services: Evaluation and Treatment
Kirkwood Detox Center	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Latin American Community Center	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Latin American Community Center, Licensed Mental Health Program	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Limen House For Men	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Limen House For Women	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
MeadowWood Hospital	New Castle	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Middletown Counseling Services	Middletown	Mental/Behavioral Health Services and Substance Abuse
National Alliance on Mental Illness in Delaware	Wilmington	Mental/Behavioral Health Services: Support, Evaluation & Treatment
Northeast Treatment Center	New Castle	Mental/Behavioral Health Services: Mental HC Facility
Northeast Treatment Center - Iron Hill	Newark	Mental/Behavioral Health Services: Mental HC Facility
Northeast Treatment Center - Red Lion	Bear	Mental/Behavioral Health Services: Mental HC Facility

Name	City	Type
Open Door, Claymont	Claymont	Mental/Behavioral Health Services: Substance Abuse Services
Open Door, Newark	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Open Door, Wilmington	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House 8th Street	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Academy Hill	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Belle View	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Bonwood	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Brandywine	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Browntown	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Capitol Trail	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Chestnut Hill	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Chiming	New Castle	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Crenshaw Court	Middletown	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Dallam	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Emery	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Emmett	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ezra	New Castle	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Freeman 2	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Grapevine	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Hedgeville	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Historic New Castle	New Castle	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ida B. Wells	Newport	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ironside	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Lenape	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services

Name	City	Type
Oxford House Madison A	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Madison B	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Monroe	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House New Castle	New Castle	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Newport	Newport	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Northfield	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Nottingham	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Parker	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Promises	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Raymond 1	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Reed	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Ritter	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Salem Woods	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Silverside	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Taurine	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Tilton Park	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Tome	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Trinity North	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Valorian	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Van Buren	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House WestField	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Wilmington	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House Woodshade	Newark	Mental/Behavioral Health Services: Substance Abuse Services
Pace Program	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services

Name	City	Type
Rick VanStory Resource Centers	Wilmington	Mental/Behavioral Health Services: Mental HC Facility
Rockford Center	Newark	Mental/Behavioral Health Services: Evaluation and Treatment
Salvation Army, Adult Rehabilitation Center	Wilmington	Mental/Behavioral Health Services and Substance Abuse
SODAT	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
Supporting Kidds - Bereavement Support	Hockessin	Mental/Behavioral Health Services: Evaluation and Treatment
Survivors of Abuse in Recovery (SOAR)	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
The Elizabeth House Family Life Center	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
Trinity Alcohol and Drug Program	Wilmington	Mental/Behavioral Health Services: Substance Abuse Services
University of Delaware, Psychological Services	Newark	Mental/Behavioral Health Services and Substance Abuse
Wilmington Hospital, Partial Hospital Treatment Program	Wilmington	Mental/Behavioral Health Services: Mental HC Facility
Wilmington Hospital, Psychiatric Department	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
YWCA Delaware, Sexual Assault Response Center (SARC)	Wilmington	Mental/Behavioral Health Services: Evaluation and Treatment
YWCA Delaware, Sexual Assault Response Center (SARC)	Newark	Mental/Behavioral Health Services: Evaluation and Treatment
YWCA, Domestic Violence Services	Wilmington	Mental/Behavioral Health Services and Substance Abuse
Concentra Urgent Care	Newark	Urgent Care Center
Glasgow Medical Center	Middletown	Urgent Care Center
Glasgow Medical Center	Newark	Urgent Care Center
Glasgow Medical Center	Newark	Urgent Care Center
Go Care - Abby Medical	Newark	Urgent Care Center
Got A Doc	Wilmington	Urgent Care Center
Got A Doc	Wilmington	Urgent Care Center
Got A Doc	Claymont	Urgent Care Center
Got A Doc	Newark	Urgent Care Center
Healthcare Clinic at Walgreens	Wilmington	Urgent Care Center
Healthcare Clinic at Walgreens	Newark	Urgent Care Center
MedExpress Walk-In Care	New Castle	Urgent Care Center
MedExpress Walk-In Care	Newark	Urgent Care Center
Newark Emergency Center	Newark	Urgent Care Center
Premier Urgent Care	Hockessin	Urgent Care Center
RediClinic	Wilmington	Urgent Care Center
Silverside Medical Aid Unit	Wilmington	Urgent Care Center
Silverside Medical Aid Unit	Wilmington	Urgent Care Center
Alpha Worship Center, Pantry of Hope	Bear	Emergency Food/Food Pantry

Name	City	Type
Appoquinimink State Service Center	Middletown	Emergency Food/Food Pantry
Asbury's Food Pantry	New Castle	Emergency Food/Food Pantry
Belvedere State Service Center	Newport	Emergency Food/Food Pantry
Catholic Charities, Basic Needs Program	Wilmington	Emergency Food/Food Pantry
Claymont Community Center, Food Closet	Claymont	Emergency Food/Food Pantry
DeLaWarr State Service Center	New Castle	Emergency Food/Food Pantry
Evangelistic Temple of Truth, The Mustard Seed Pantry	Wilmington	Emergency Food/Food Pantry
Expanded Branches Community Development Corporation	Wilmington	Emergency Food/Food Pantry
First Baptist Church Delaware: R.E.A.C.H. Ministry	New Castle	Emergency Food/Food Pantry
Food Bank of Delaware, Commodity Supplemental Food Program	Newark	Emergency Food/Food Pantry
Grace United Methodist Church	Wilmington	Emergency Food/Food Pantry
Hanover Presbyterian Church, Food Pantry	Wilmington	Emergency Food/Food Pantry
Holy Rosary Food Closet	Claymont	Emergency Food/Food Pantry
Holy Spirit Church, Food Closet	New Castle	Emergency Food/Food Pantry
Hudson State Service Center	Newark	Emergency Food/Food Pantry
Kingswood Community Center, Community & Family Services	Wilmington	Emergency Food/Food Pantry
Life Hope Lutheran Church	New Castle	Emergency Food/Food Pantry
Life Program, Mobile/Stationary Pantries & Produce Distribution	Wilmington	Emergency Food/Food Pantry
Lutheran Community Services - Social Service Program	Wilmington	Emergency Food/Food Pantry
Neighborhood House, Family Services	Wilmington	Emergency Food/Food Pantry
Neighborhood House, Southern New Castle County	Middletown	Emergency Food/Food Pantry
New Knollwood Civic Association, Food Closet	Claymont	Emergency Food/Food Pantry
Northeast State Service Center	Wilmington	Emergency Food/Food Pantry
People's Baptist Church, Food Closet	New Castle	Emergency Food/Food Pantry
Red Lion United Methodist Church, Food Closet	Bear	Emergency Food/Food Pantry
Resurrection Parish, Outreach	Wilmington	Emergency Food/Food Pantry
Richardson Park Community Action, Community Services	Wilmington	Emergency Food/Food Pantry
Saint Georges United Methodist Church, Food Closet	St Georges	Emergency Food/Food Pantry
Saint Helena's Parish Social Ministry	Wilmington	Emergency Food/Food Pantry
Saint Patrick's Center, Emergency Food Closet	Wilmington	Emergency Food/Food Pantry
Salvation Army, Family Services	Wilmington	Emergency Food/Food Pantry
Sharon Temple Seventh-Day Adventist Church, Community Service Center	Wilmington	Emergency Food/Food Pantry
Victory Christian Fellowship, Blessings, Dressings and More	New Castle	Emergency Food/Food Pantry
West End Neighborhood House, Crisis Alleviation Program	Wilmington	Emergency Food/Food Pantry

Name	City	Type
Ministry of Caring, Emmanuel Dining Room East	Wilmington	Meal Services
Ministry of Caring, Emmanuel Dining Room South	New Castle	Meal Services
Ministry of Caring, Emmanuel Dining Room West	Wilmington	Meal Services
Saint Anthony's Community Center	Wilmington	Meal Services
Bellefonte Farmers' Market	Wilmington	Farmers Market/Produce Stand
Carousel Park Farmers' Market	Wilmington	Farmers Market/Produce Stand
Centerville Farmers' Market	Centerville	Farmers Market/Produce Stand
Newark Natural Foods Co-Op Farmers' Market	Newark	Farmers Market/Produce Stand
Cool Spring Park Farmers' Market	Wilmington	Farmers Market/Produce Stand
Delaware Avenue Farmers' Market	Wilmington	Farmers Market/Produce Stand
Glasgow Park Farmers' Market	Newark	Farmers Market/Produce Stand
New Castle Farmers' Market	New Castle	Farmers Market/Produce Stand
Newark Farmers' Market	Newark	Farmers Market/Produce Stand
Planting Hope Campus Market	New Castle	Farmers Market/Produce Stand
Rockwood Park Farmers' Market	Wilmington	Farmers Market/Produce Stand
Route 9 Farmers' Market	New Castle	Farmers Market/Produce Stand
Southbridge Youth Garden Farm Stand	Wilmington	Farmers Market/Produce Stand
Wilmington Farmers' Market	Wilmington	Farmers Market/Produce Stand

KENT COUNTY

Name	City	Type
Kent General Hospital (Bay Health)	Dover	Hospital
Milford Memorial Hospital (Bay Health)	Milford	Hospital
Bayhealth Emergency Center	Smyrna	Hospital
Christiana Care Smyrna Health and Wellness Center	Smyrna	Community Health Center
Delmarva Rural Ministries, Inc.	Dover	Community Health Center
Kent Community Health Center	Dover	Community Health Center
La Red Health Center - Milford	Milford	Community Health Center
Match Van	Dover	Community Health Center/Mobile Van
Planned Parenthood - Dover	Dover	Community Health Center
Westside Family Healthcare - Dover	Dover	Community Health Center
American Dental Care	Dover	Dental Care
Delaware Hope Dental Clinic	Dover	Dental Clinic
Division of Public Health, Dental Clinic at Riverwalk	Milford	Dental Clinic
Westside Family Healthcare, Dover	Dover	Dental Care
Williams State Service Center, Children's Dental Clinic	Dover	Dental Clinic

Name	City	Type
Connections	Smyrna	Mental/Behavioral Health Services and Substance Abuse
AID in Dover	Dover	Mental/Behavioral Health Services: Mental HC Facility, Evaluation & Treatment
Catholic Charities	Dover	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Child, Inc.	Dover	Mental/Behavioral Health Services: Evaluation and Treatment
Clinical Pastoral Counseling, Daybreak Counseling Services	Dover	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Community Mental Health Clinic - Williams State Service Center	Dover	Mental/Behavioral Health Services: Evaluation and Treatment Connections, Mental Health, Alcohol and Other Drug
Treatment Outpatient Services	Dover	Mental/Behavioral Health Services and Substance Abuse
Delaware Guidance Services, Counseling Program	Dover	Mental/Behavioral Health Services and Substance Abuse
Delaware State Police, Victim Services and DE Victim Center	Dover	Mental/Behavioral Health Services: Evaluation and Treatment
Division of Public Health, Safe Arms for Babies	Dover	Mental/Behavioral Health Services: Evaluation and Treatment
Easter Seals	Dover	Mental/Behavioral Health Services and Substance Abuse
Kent Sussex Community Services	Dover	Mental/Behavioral Health Services: Substance Abuse Services
Open Door, Dover	Dover	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Dover	Dover	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Paynter	Dover	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Pleasanton Corner	Smyrna	Mental/Behavioral Health Services: Substance Abuse Services
Phoenix Behavioral Health of Dover	Dover	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Psychotherapeutic Services	Dover	Mental/Behavioral Health Services and Substance Abuse
Serenity Place	Dover	Mental/Behavioral Health Services: Substance Abuse Services
Survivors of Abuse in Recovery (SOAR)	Dover	Mental/Behavioral Health Services: Evaluation and Treatment
Bayhealth Walk-In Medical Center	Milford	Urgent Care Center
Camden Walk In	Dover	Urgent Care Center
Smyrna Health and Wellness Center	Smyrna	Urgent Care Center
ExpressCare Urgent Care	Dover	Urgent Care Center

Name	City	Type
Got A Doc	Camden	Urgent Care Center
Kent Urgent Medical Care	Dover	Urgent Care Center
MedExpress Walk-In Care	Dover	Urgent Care Center
Calvary Assembly of God Food Closet	Dover	Emergency Food/Food Pantry
Catholic Charities, Basic Needs Program	Dover	Emergency Food/Food Pantry
God's Missionary	Felton	Emergency Food/Food Pantry
Kent County Community Action, Nutrition Program	Dover	Emergency Food/Food Pantry
Milford Community Center	Milford	Emergency Food/Food Pantry
Milford State Service Center	Milford	Emergency Food/Food Pantry
Salvation Army, Dover Corps	Dover	Emergency Food/Food Pantry
Smyrna State Service Center	Smyrna	Emergency Food/Food Pantry
Williams State Service Center	Dover	Emergency Food/Food Pantry
Dover Interfaith Mission for Housing	Dover	Meal Services
Modern Maturity Center	Dover	Meal Services

SUSSEX COUNTY

Name	City	Type
Beebe Medical Center	Lewes	Hospital
Millville Emergency Room	Millville	Urgent Care Center
Nanticoke Memorial Hospital	Seaford	Hospital
CAMP Rehoboth Community Center	Rehoboth	Community Health Center/STD testing
Elizabeth Cornish Landing Apts	Bridgeville	Community Health Center
La Red Medical Center - Seaford (Gynecological Care Program)	Seaford	Community Health Center
La Red Medical Center - Seaford	Seaford	Community Health Center
La Red Health Center - Georgetown	Georgetown	Community Health Center
Shipley State Service Center, Children's Dental Clinic	Seaford	Dental Clinic
Thurman Adams State Service Center, Georgetown Dental Clinic	Georgetown	Dental Clinic
Mobile Dental Van	Georgetown	Community Health Center/Mobile Van
Aquila of Delaware	Georgetown	Mental/Behavioral Health Services: Substance Abuse Services
Brandywine Counseling and Community Services, Georgetown Center	Georgetown	Mental/Behavioral Health Services: Substance Abuse Services
Brandywine Counseling and Community Services, Lighthouse Program	Ellendale	Mental/Behavioral Health Services: Substance Abuse Services
Cape Integrated Wellness	Lewes	Mental/Behavioral Health Services: Counseling/ Evaluation & Treatment
Caregiver Resource Center, Sussex	Georgetown	Mental/Behavioral Health Services: Evaluation and Treatment

Name	City	Type
Catholic Charities	Georgetown	Mental/Behavioral Health Services: Evaluation and Treatment/Substance Abuse Services
Child, Inc.	Georgetown	Mental/Behavioral Health Services: Evaluation and Treatment
Children & Families First, Seaford Residential & Day Treatment Center	Seaford	Mental/Behavioral Health Services: Mental HC Facility
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services	Millsboro	Mental/Behavioral Health Services and Substance Abuse
Connections, Mental Health, Alcohol and Other Drug Treatment Outpatient Services, Seaford	Seaford	Mental/Behavioral Health Services and Substance Abuse
Delaware Guidance Services, Counseling Program - Lewes	Lewes	Mental/Behavioral Health Services and Substance Abuse
Delaware Guidance Services, Counseling Program - Seaford	Seaford	Mental/Behavioral Health Services and Substance Abuse
Hudson Health Services, Corinthian House	Georgetown	Mental/Behavioral Health Services: Substance Abuse Services
Kent Sussex Community Services	Laurel	Mental/Behavioral Health Services: Substance Abuse Services
Capital City Farmers' Market	Dover	Farmers Market/Produce Stand
Fifer Orchards - Farm, Country Store & Community Supported Agriculture	Camden Wyoming	Farmers Market/Produce Stand
Ficner Farm	Dover	Farmers Market/Produce Stand
Lookerman Way Farmers' Market	Dover	Farmers Market/Produce Stand
Riverwalk Farmers' Market	Milford	Farmers Market/Produce Stand
Smyrna Farmers' Market	Smyrna	Farmers Market/Produce Stand
Spence's Bazaar & Auction	Dover	Farmers Market/Produce Stand
T S Smith & Sons	Bridgeville	Farmers Market/Produce Stand
Kent Sussex Community Services	Georgetown	Mental/Behavioral Health Services: Substance Abuse Services
La Esperanza	Georgetown	Mental/Behavioral Health Services: Evaluation and Treatment
Open Door, Seaford	Seaford	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Coolspring	Lewes	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Georgetown	Georgetown	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Lewes	Rehoboth Beach	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Millsboro	Millsboro	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Old Orchard	Lewes	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Quiet Acres	Millsboro	Mental/Behavioral Health Services: Substance Abuse Services
Oxford House, Rehoboth Bridge	Rehoboth Bridge	Mental/Behavioral Health Services: Substance Abuse Services

Name	City	Type
Oxford House, Scarborough	Rehoboth Beach	Mental/Behavioral Health Services: Substance Abuse Services
People's Place	Milford	Mental/Behavioral Health Services: Evaluation and Treatment
Safe Harbor	Lewes	Mental/Behavioral Health Services: Mental HC Facility
Survivors of Abuse in Recovery (SOAR)	Lewes	Mental/Behavioral Health Services: Evaluation and Treatment
Treatment Access Center	Georgetown	Mental/Behavioral Health Services and Substance Abuse
YWCA Delaware, Sexual Assault Response Center (SARC)	Georgetown	Mental/Behavioral Health Services: Evaluation and Treatment
Ambient Medical Care	Seaford	Urgent Care Center
Beebe Healthcare Walk-in Care	Georgetown	Urgent Care Center
Beebe Healthcare Walk-In Care	Millville	Urgent Care Center
Beebe Healthcare Walk-in Care	Millsboro	Urgent Care Center
Cedar Tree Medical Urgent Care	Millsboro	Urgent Care Center
Got A Doc	Lewes	Urgent Care Center
Got A Doc	Millsboro	Urgent Care Center
Quickcare Walk-In Medical Center	Lewes	Urgent Care Center
Bethel Tabernacle Church of God, Helping Hands Food Bank	Frankford	Emergency Food/Food Pantry
Bridgeville State Service Center	Bridgeville	Emergency Food/Food Pantry
Catholic Charities, Basic Needs Program	Georgetown	Emergency Food/Food Pantry
Catholic Charities, Casa San Francisco Emergency Food Pantry	Milton	Emergency Food/Food Pantry
Christian Storehouse	Millsboro	Emergency Food/Food Pantry
Delmarva Clergy, Food Closet	Ellendale	Emergency Food/Food Pantry
First State Community Action, Emergency Services	Georgetown	Emergency Food/Food Pantry
Greenwood United Methodist Church, Baby Pantry	Greenwood	Emergency Food/Food Pantry
Joseph's Storehouse	Dagsboro	Emergency Food/Food Pantry
Laurel State Service Center	Laurel	Emergency Food/Food Pantry
Pyle State Service Center	Frankford	Emergency Food/Food Pantry
Salvation Army	Seaford	Emergency Food/Food Pantry
Shipleigh State Service Center	Seaford	Emergency Food/Food Pantry
Thurman Adams State Service Center	Georgetown	Emergency Food/Food Pantry
Caregiver Resource Center	Georgetown	Meal Services
CHEER at Lewes	Lewes	Meal Services
CHEER at Long Neck	Millsboro	Meal Services
CHEER Coastal Leisure Activity Center	Ocean View	Meal Services
Georgetown Cheer Center	Georgetown	Meal Services
Greenwood Cheer Activity Center	Greenwood	Meal Services
Meals on Wheels of Lewes and Rehoboth	Lewes	Meal Services
Milton Cheer Center	Milton	Meal Services
Bethany Beach Farmers' Market	Bethany Beach	Farmers Market/Produce Stand
East Coast Indoor Farmers' Market	Millsboro	Farmers Market/Produce Stand

Name	City	Type
Fenwick Island Farmers' Market	Fenwick Island	Farmers Market/Produce Stand
Garden Shack Farmers' Market	Lewes	Farmers Market/Produce Stand
Georgetown Farmers' Market	Georgetown	Farmers Market/Produce Stand
Historic Lewes Farmers' Market	Lewes	Farmers Market/Produce Stand
Historic Lewes Farmers' Market at Kings Hwy	Lewes	Farmers Market/Produce Stand
Milton Farmers' Market	Milton	Farmers Market/Produce Stand
Nassau Valley Vineyards Farmers' Market	Lewes	Farmers Market/Produce Stand
Rehoboth Beach Farmers' Market	Rehoboth Beach	Farmers Market/Produce Stand
Riverwalk Farmers' Market Downtown Milford	Milford	Farmers Market/Produce Stand
The Farmers' Market at Sea Colony	Bethany Beach	Farmers Market/Produce Stand
Wilson Farm Farmers' Market	Lewes	Farmers Market/Produce Stand



Appendix B – List of Stakeholder Organizations

Key stakeholders from the following organizations were surveyed as part of Nemours Children's 2022 Delaware Community Health Needs Assessment:

1. Boys & Girls Clubs of Delaware
2. Christiana Care
3. Citigroup, Inc.
4. City of Wilmington
5. Delaware Technical Community College
6. Delaware Department of Developmental Disabilities
7. Delaware Department of Education
8. Delaware Division of Public Health
9. Delaware Health and Social Services
10. Delaware State University
11. First State Community Action
12. Innovation Library
13. Latin American Community Center
14. Metropolitan Wilmington Urban League
15. NAACP – Wilmington, Delaware
16. New Castle County City Council
17. Rodel Foundation, Delaware
18. The Committee of 100
19. United Way
20. University of Delaware
21. West End Neighborhood House
22. W.L. Gore & Associates, Inc.
23. Westside Family Healthcare
24. Wilmington University

Appendix C – CHNA Community Survey

This is a survey being conducted by Nemours Children’s Health. If you are completing this survey, we understand that you are the person in your household who would be most knowledgeable about your child/children’s health care. Your answers will be kept strictly confidential and will only be used together with the answers from other community residents.

Many things about our lives have an impact on our health. Health is affected by where we live, learn, work, play and pray. It is impacted by our jobs, our homes, the safety of our communities, and the support of family and friends. What are the highest needs in your community? What makes it easy or hard to be healthy? Your answers are very important and will help improve health care in the region.

Please click and answer the questions. After you click submit, enter your email address into a random drawing for a chance to win a gift card for \$50.

Appendix C – CHNA Community Survey

SCREENER

Where do you live with your child/children?

- City of Wilmington
- New Castle County (outside of city of Wilmington)
- City of Dover
- Kent County (outside of Dover)
- Sussex County
- Other, please specify:

To help us better understand the environment your child/children live in and how it may affect their health, please indicate the zip code for which your household is located within your county.

What is your race or origin?

- White
- Black or African American
- Hispanic, Latino, or Spanish origin
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Some other race or origin

Please specify race(s) or origin(s). If you are biracial, please specify BOTH/ALL races in your response.

What is the race of your child? If you have more than one child in your household, please indicate the race of the child with the most recent birthday.

- White
- Black or African American
- Hispanic, Latino, or Spanish origin
- American Indian or Alaska Native Asian
- Native Hawaiian or Other Pacific Islander
- Some other race or origin

Please specify race(s) or origin(s). If the child you are responding about is biracial, please specify BOTH/ALL races.

What is/are the age(s) of the child/children in your household? Please select one age range per child. If there are multiple children in your household, more than one answer can be selected.

- 0-5 years old
- 6-10 years
- 11-16 years old
- 17+

What is the primary language spoken in your household?

- English
 - Spanish
 - Other, please specify:
-

Now we are going to ask you some general questions about the health and well-being of your family, neighbors and community.

What do you believe are the 2 most important characteristics of a healthy community? For example, affordable health care, safe transportation, healthy housing and/or economy, etc.

What are the 2 most important challenges your family will face in the next 5-10 years? Some examples can be anything from financial issues and/or relocating (moving), to chronic pain, addiction, and/or relationship problems.

Thinking about you, your family, friends and neighbors, which three things below are the biggest needs? What are you most worried about as it relates to children, teens and adolescents? Please select 3.

- Access to dentists (can't get to the office, limited appointment/provider availability, costs too much)
- Access to medical doctors (can't get to the office, limited appointment/provider availability, costs too much)
- Access to mental health providers [therapists, psychiatrists, social workers, psychologists, other behavioral health professionals] (can't get to the office, limited appointment/provider availability, costs too much).
- Access to necessary prescriptions/medical devices/therapies (too expensive).
- Nutrition (not enough food/hunger)
- Lead poisoning/Unhealthy lead levels
- Asthma or trouble breathing
- Mental health and/or trauma
- Sexual and reproductive health (sexually transmitted infections, birth control access, prenatal care)
- Not enough assistance/resources to help with basic needs (health care, food, housing)
- Substance use or abuse (drugs, tobacco/vaping, alcohol)
- Other, please specify:

Thinking about your neighborhood, which three things below are the biggest needs/ what are you most worried about as it relates to children, teens and adolescents? Please select 3.

- Community crime or violence (too much)
- Lack of access to affordable, reliable internet
- Affordable and healthy homes (not enough, rent is too high, etc.)
- Environment and air quality (too much pollution, litter, etc.)
- Food insecurity (not enough food in general, not enough places to buy it, too expensive, etc.)
- Education (bad, not enough, or hard to get)
- Youth activities and opportunities (bad, not enough, etc.)
- Job opportunities for family members (not enough, requirements make it out of reach, etc.)
- Transportation (bad or not enough public transportation, safe places to walk or bike, etc.)
- Other, please specify:

Thinking about how local, state or national efforts can address the issues you've identified above, what would be helpful in your community, specifically? This can be a completely new idea, or something that has been done before that worked well.

This next section will ask for more information about the specific issues that were covered in the previous sections of this survey. Your answers to these questions will help identify what can be done to address areas of need in your

During the past year, has there been any time when your child/children were sick or injured and did not seek health care because of the cost?

Yes
 No
 Don't know

During the past year, has there been any time when your child/children did not get a prescription filled because of the cost?

Yes
 No
 Don't know

During the past year, has there been any time when your child/children needed dental care but did not get it because of cost?

Yes
 No
 Don't know

Is/are your child/children covered under any health plan?

Yes
 No
 Don't know

Does/do your child/children have any coverage for prescription medications?

Yes
 No
 Don't know

Does/do your child/children have Medicaid?

Yes
 No
 Don't know

In your opinion, what is the #1 barrier to receiving necessary care for child/children? Please limit your response to one sentence/statement.

A lead screening is a blood test that measures the level of lead in the blood. The blood test involves a finger stick or a blood draw from the vein at your child's primary care visit or scheduled lab appointment. Lead screening is important for all children as lead is a toxin that is particularly dangerous for young children because of their small size, rapid growth, and development. Lead poisoning can cause behavioral and learning difficulties, anemia, seizures, and other medical problems. According to the American Academy of Pediatrics, screening for elevated lead levels by measuring lead in the blood is recommended at least once at age 12 months for:

- All children at increased risk of lead exposure
- All children with identifiable risk factors
- All children living in communities in which the prevalence of blood lead levels requiring individual intervention, including residential Lead hazard control or chelation therapy is high or is undefined

In Delaware, regulation 815 Health Examinations and Screening state that children who enter school at kindergarten or at age 5 or prior, shall be required to prove lead screening per 16 Del.C. Ch.26 (Childhood Lead Poisoning Prevention Act).

Was/were your child/children ever screened for lead? Yes
 No
 Don't know

If your child has not been screened for lead, what is the main reason why? My child's doctor did not screen for it
 I did not know to ask for it/anyone told me
 My child does not live in an area that would put them at risk for lead exposure/not necessary
 It conflicts with my beliefs
 My child hates needles
 My child is homeschooled
 My child does not have a doctor they see on a regular basis
 Other, please specify:

In your opinion, what is the #1 barrier to getting children screened for lead? Please limit your response to one sentence/statement. _____

In the last 12 months, did your household ever cut the size of meals or skip meals because there was not enough money in the budget for food? Yes
 No
 Don't know

How easy or difficult is it for you to find fruits and vegetables in your neighborhood? Very easy
 Easy
 Difficult
 Very difficult
 Don't know

How would you rate the overall quality of groceries available in the stores in your neighborhood?

- Excellent
 - Good
 - Fair
 - Poor
 - No stores in neighborhood
 - Don't know
-

In your opinion, what is the main reason why families are without food in your community?

Please limit your answer to one sentence/statement.

Most people in my neighborhood can be trusted.

- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree
 - Don't know
-

How likely are people in your neighborhood willing to help their neighbors with routine activities such as picking up their trash cans, or helping to shovel snow?

- Always
 - Often
 - Sometimes
 - Rarely
 - Never
 - Don't know
-

Have people in your neighborhood ever worked together to improve the neighborhood? For example, through a neighborhood watch, creating a community garden, building a community playground, or participating in a block party.

- Yes
 - No
 - Don't know
-

Are there outdoor spaces/walking trails in your neighborhood that you feel safe visiting/using during the day?

- Yes
 - No
 - Don't know
-

How often, if ever, have you seen or heard violence in your neighborhood or community?

- Many times
 - A few times
 - Once
 - Never
 - I would rather not say
-

Is violence/the threat of violence a main concern in your neighborhood or community?

- Yes
- No
- Don't know

In your opinion, what is the best way to address neighborhood safety issues mentioned in this section?

Please limit your answer to one sentence/statement.

In the place that your child/children live do any of the following items currently need repair? Select any/all that apply.

- Roof
- Plumbing/water leaks
- Heating or cooling system
- Major appliances (oven, stove, refrigerator)
- N/A

In the place that your child/children live are you concerned about any of the following: Select any/all that apply.

- Mold
- Pests (bugs, ants, mice)
- Lead paint or pipes
- No heat and/or air conditioning
- Lack of properly functioning smoke detectors N/A

In your opinion, what is the best way to address housing issues mentioned in this section? Please limit your answer to one sentence/statement.

The apps and services that run on the internet (such as Facebook, Instacart, mobile banking, YouTube, Amazon, etc.) are trustworthy.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Don't Know
- Some of them are, some of them aren't
- I do not use the internet

Do you have internet access in your home?

- Yes
 - No
 - Don't know
-

What is the main reason you do not have internet access?

- Don't know how to use it
 - I have access to it through school or work
 - Don't need it
 - Don't want it
 - Not available in my area
 - Don't want my child/children to use it
 - Can't afford it/too expensive
 - Other, please specify:
-

Is your internet connection reliable, meaning you can use it for work, school and/or other essential functions most or all of the time without any issues?

- Yes
 - No
 - Don't know
-

What is the device you use most often when you access the internet?

- Computer
 - Cell phone or other handheld device
 - Tablet
 - TV
 - I do not use the internet
 - Other, please specify:
-

What source of internet are you currently using to complete this survey?

- At-home network
 - Free public WIFI
 - Internet at work or school
 - Family member, friend, or neighbor's internet
 - Other, please specify:
-

During the past 30 days, how many times has your child/children been unable to complete schoolwork because of limited or no access to reliable internet?

- 0 days
 - 1-2 days
 - 3-5 days
 - More than 5 days
 - Don't know
 - My child/children's school(s) does not assign work online.
-

In your opinion, what is the best way to make reliable internet available for all? Please limit your response to one sentence/statement.

Has your household used any of these resources in the centers/clubs past year? Select any/all that apply.

- Activities and Programs at Community
 - Meals or Food Programs, such as home delivered meals, meals at churches, schools and community centers or emergency food
 - Transportation Services or Resources (such as Para Transit, medical transportation, public transit discounts)
 - Prescription Drug Programs/ Assistance
 - Helpline or Information Referral Line
 - Housing services such as energy assistance programs, subsidized housing or home repair programs
 - None of these
 - Don't know
 - Other, please specify
-

Does anyone living in your household, receive any of the following: Select any/all that apply.

- SSI (Supplemental Security Income)
 - SSDI (Social Security Disability Insurance)
 - Food Stamps, also known as SNAP benefits
 - WIC ("Wick") Program benefits (Women, Infant and Children Food Supplement)
 - TANF ("Tan-if") (Temporary Aid to Needy Families, formerly known as AFDC)
 - Other, please specify
-

In your opinion, what is the most effective way to receive information about health and social services/resources available in your community?

- Email
 - Postal mail
 - Social media sites like Facebook and Instagram
 - Newspapers
 - Television
 - Text message
 - Phone call
 - Billboards
 - Other Apps
 - Other, please specify:
-

Appendix D – CHNA Stakeholders Survey

This is a survey being conducted by Nemours Children’s Health. If you are completing this survey, we understand that you are a community leader who would be most knowledgeable about the needs of children and families in your community. Your answers will be kept strictly confidential and will only be used together with the answers from other community leaders.

Many things about our lives have an impact on our health. Health is affected by where we live, learn, work, play and pray. It is impacted by our jobs, our homes, the safety of our communities, and the support of family and friends.

What are the highest needs in your community? What makes it easy or hard to be healthy? Your answers are very important and will help improve health care in the region.

Please click and answer the questions.

SCREENER

First of all, where do you live?

- City of Wilmington
- New Castle County (outside of city of Wilmington)
- City of Dover
- Kent County (outside of Dover)
- Sussex County
- Other

To help us better understand the environment your it may affect their health, please indicate the zip code in your county.

What is your race or origin?

- White
- Black or African American
- Hispanic, Latino, or Spanish origin
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Some other race or origin

Please specify race(s) or origin(s). If you are biracial, please specify BOTH/ALL races in your response.

What is the primary language spoken in your household?

- English
- Spanish
- Other

Please specify:

Now we are going to ask you some general questions about the health and well-being of your community.

What do you believe are the 2 most important characteristics of a healthy community? For example, affordable health care, safe transportation, healthy housing and/or economy, etc.

What are the 2 most important challenges your community will face in the next 5-10 years? Some examples can be anything from financial issues and/or relocating (moving), to chronic pain, addiction, and/or relationship problems.

Thinking about your community, which three things below are the biggest needs/what are you most worried about as it relates to children, teens, and adolescents? Please select 3.

- Access to dentists (can't get to the office, limited appointment/ provider availability, costs too much)
- Access to medical doctors (can't get to the office, limited appointment/ provider availability, costs too much)
- Access to mental health providers [therapists, psychiatrists, social workers, psychologists, other behavioral health professionals] (can't get to the office, limited appointment/provider availability, costs too much).
- Access to necessary prescriptions/medical devices/therapies (too expensive).
- Nutrition (not enough food/hunger) Lead poisoning/Unhealthy lead levels
- Asthma or trouble breathing
- Mental health and/or trauma
- Sexual and reproductive health (sexually transmitted infections, birth control access, prenatal care)
- Not enough assistance/resources to help with basic needs (healthcare, food, housing)
- Substance use or abuse (drugs, tobacco/vaping, alcohol)
- Other

Please describe:

Thinking about your neighborhood, which three things below are the biggest needs/what are you most worried about as it relates to children, teens and adolescents? Please select 3.

- Community crime or violence (too much)
- Lack of access to affordable, reliable internet
- Affordable and healthy homes (not enough, rent is too high, etc.)
- Environment and air quality (too much pollution, litter, etc.)
- Food insecurity (not enough food in general, not enough places to buy it, too expensive, etc.)
- Education (bad, not enough, or hard to get) Youth activities and opportunities (bad, not enough, etc.)
- Job opportunities for family members (not enough, requirements make it out of reach, etc.)
Transportation (bad or not enough public transportation, safe places to walk or bike, etc.)
Other

Please describe:

Thinking about how local, state or national efforts can address the issues you've identified above, what would be helpful in your community, specifically? This can be a completely new idea, or something that has been done before that worked well.

This next section will ask for more information about the specific issues that were covered in the previous sections of this survey. Your answers to these questions will help identify what can be done to address areas of need in your community.

During the past year, has there been any time where children in your community were sick or injured and did not seek health care because of the cost?

Yes
 No
 Don't know

During the past year, has there been any time where children in your community did not get a prescription filled because of the cost?

Yes
 No
 Don't know

During the past year, has there been any time where children needed dental care but did not get it because of cost?

Yes
 No
 Don't know

In your opinion, what is the #1 barrier to receiving necessary care for children? Please limit your response to one sentence/statement.

A lead screening is a blood test that measures the level of lead in the blood. The blood test involves a finger stick or a blood draw from the vein at your child's primary care visit or scheduled lab appointment. Lead screening is important for all children as lead is a toxin that is particularly dangerous for young children because of their small size, rapid growth, and development. Lead poisoning can cause behavioral and learning difficulties, anemia, seizures, and other medical problems. According to the American Academy of Pediatrics, screening for elevated lead levels by measuring lead in the blood is recommended at least once at age 12 months for:

- All children at increased risk of lead exposure
- All children with identifiable risk factors
- All children living in communities in which the prevalence of blood lead levels requiring individual intervention, including residential Lead hazard control or chelation therapy is high or is undefined

In Delaware, regulation 815 Health Examinations and Screening state that children who enter school at kindergarten or at age 5 or prior, shall be required to prove lead screening per 16 Del.C. Ch.26 (Childhood Lead Poisoning Prevention Act).

In your opinion, what is the #1 barrier to getting children screened for lead? Please limit your response to one sentence/statement.

How easy or difficult is it for you to find fruits and vegetables in your neighborhood?

- Very easy
- Easy
- Difficult
- Very difficult
- Don't know

How would you rate the overall quality of groceries available in the stores in your neighborhood?

- Excellent
- Good
- Fair
- Poor
- No stores in neighborhood
- Don't know

In your opinion, what is the main reason why families are without food in your community?

Please limit your answer to one sentence/statement.

Are you aware that undocumented people/families are eligible for the Special Supplemental Program for Women, Infants and Children (WIC) benefits?

- Yes
- No

In your opinion, what is the best way to connect undocumented individuals/families to benefits like WIC? Please limit your response to one sentence/statement.

Most people in my neighborhood can be trusted.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Don't know

How likely are people in your neighborhood willing to help their neighbors with routine activities such as picking up their trash cans, or helping to shovel snow?

- Always
- Often
- Sometimes
- Rarely
- Never
- Don't know

Have people in your neighborhood ever worked together to improve the neighborhood? For example, through a neighborhood watch, creating a community garden, building a community playground, or participating in a block party.

- Yes
- No
- Don't know

Are there outdoor spaces/walking trails in your neighborhood that you feel safe visiting/using during the day?

- Yes
- No
- Don't know

How often, if ever, have you seen or heard violence in your neighborhood or community?

- Many times
- A few times
- Once
- Never
- I would rather not say

Is violence/the threat of violence a main concern in your neighborhood or community?

- Yes
- No
- Don't know

In your opinion, what is the best way to address neighborhood safety issues mentioned in this section? Please limit your answer to one sentence/statement.

Thinking about your community, what are the main concerns as it relates to housing? Select any/all that apply.

- Roof
- Plumbing/water leaks
- Heating or cooling system
- Major appliances (oven, stove, refrigerator)
- Lead paint or pipes
- No heat and/or air conditioning
- Lack of properly functioning smoke detectors

In your opinion, what is the best way to address housing issues mentioned in this section? Please limit your answer to one sentence/statement.

The apps and services that run on the internet (such as Facebook, Instacart, mobile banking, YouTube, Amazon, etc.) are trustworthy.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Don't Know
- Some of them are, some of them aren't
- I do not use the internet

In your opinion, what is the best way to make reliable Internet available for all? Please limit your response to one sentence/statement.

In your opinion, what is the most effective way to receive information about health and social services/resources available in your community?

- Email
- Postal mail
- Social media sites like Facebook and Instagram
- Newspapers
- Television
- Text message
- Phone call
- Billboards
- Other Apps
- Other

Please specify:
